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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
7	40 C.F.R. § § 112.7 (e) and (f)	The facility's SPCC Plan indicates that annual SPCC Plan training is provided to supervisory personnel. The regulations require that records documenting the training be maintained for three years.	Personnel indicated that the annual training is provided to employees but records documenting the training were not available.	1. Added memo to file regarding historical training records. 2. Updated site PRISM training compliance calendar to incorporate requirement to perform SPCC training on an annual basis.	10/20/04	12/19/04	1. 12/16/04 2. 12/13/03	B,F
8	40 C.F.R. § § 112.7 (e) and 112.8 (c)(6)	The SPCC Plan regulations require periodic inspections of oil storage areas. Records of the inspections must be maintained for three years.	The SPCC Plan indicates that monthly inspections of the transformers are performed, weekly inspection are performed of the oil storage tanks at the powerhouse, and that the finish oil and waste finish tanks are inspected daily. 1. Records were not available to document the monthly transformer inspections. 2. The inspections in the powerhouse were performed but not using the form identified in the plan. 3. The inspection records for the finish oil tanks were not available for the last three years.	1. Added memo to file regarding historical training records. 2. Updated area compliance calendars to incorporate inspection requirements. 3. Updated SPCC Plan to incorporate inspection requirement. 4. Updated records retention policy to maintain training records for 3 years.	10/21/04	12/20/04	1, 3 & 4. 12/17/04 2. 12/16/04	B,F

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9	40 C.F.R. § 112 Appendix F Section 1.8.1	The FRP regulations require periodic inspections of oil storage areas. Records of the inspections must be maintained for five years.	The FRP indicates that monthly inspections of the No. 6 fuel oil tanks and the diesel fuel tank for the coal pile equipment will be performed using the form in the plan. The inspections are performed and documented but not documented on the form identified in the plan. The intent of detecting leaks associated with the tanks is met by the form used but it does not have the same checklist as the inspection form in the FRP.	1. The facility revised the FRP Plan to include the AST Tank inspection process which eliminated the use of the prior inspection forms. 2. The facility included FRP/SPCC specific tanks in the Aboveground Storage Tank 30 day inspection process and documented and filed associated inspection records per that process which meets FRP and SPCC plan requirements.	10/21/04	12/20/04	12/18/04	B,F
10	40 C.F.R. § 112.3(a)	Facilities must maintain their current SPCC Plan until it is revised to meet the requirements of the regulations. The past regulations required the plan to be reviewed at least once every three years.	The SPCC Plan was last updated on August 24, 2001 which is more than approximately 3 years since the review.	The facility has placed on its compliance calendar a three year review time period for updating its SPCC Plan, and will periodically check the compliance calendar to assure 3-year review.	10/19/04	12/18/04	10/21/04	B,F

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11	40 C.F.R. § 112.20(h)	Facilities that store oil and are located such that a spill could cause substantial harm to the environment must prepare and submit a Facility Response Plan to the local EPA administrator.	The facility's FRP contains numerous technical deficiencies. Noted deficiencies include but are not limited to not addressing all oil storage tanks and usage areas, not preparing a drainage map, not including all the required information on the site plan, incorrectly calculating the worst case discharge, not addressing all the requirements for the evacuation plan, not identifying all loading and unloading areas, not adequately addressing small, medium, and worst case discharges and the equipment needed to respond to such discharges, not updating the emergency contact list, and not addressing the detection of discharges, among other technical deficiencies.	Facility Response Plan was updated to address deficiencies noted by this audit. The facility developed a new plan as an Integrated Contingency Plan to meet 40 C.F.R. §§ 112.20 to 112.21 as well as 33 C.F.R. Part 154.	10/19/04	12/18/04	12/18/04	A,F

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12	40 C.F.R. § 112.3	Facilities storing oil in regulated quantities must prepare a Spill Prevention Control and Countermeasure (SPCC) Plan meeting the requirements of the regulations.	<p>The facility's SPCC Plan contains numerous technical deficiencies. The following items are not included in the Plan, are not adequately discussed in the Plan, or are not correct.</p> <ol style="list-style-type: none"> 1. The Otis Tanks, hydraulic and lubricating oil reservoirs, and the Dowtherm system are not covered in the Plan. 2. The Plan does not specifically designate a person responsible for oil spill prevention. 3. Not all transformers drain to a dike as stated in the Plan. 5. The Plan does not discuss secondary containment for drums. 6. The Plan does not discuss secondary containment capacity for the finish oil tanks. 7. The Plan does not discuss gasoline and fire water pump fuel tank and drum inspections. 8. The Plan does not discuss overfill prevention for the finish oil tanks. 9. The Plan does not discuss sufficiently impervious containment. 10. The Plan does not discuss cathodic protection of underground lines. 11. The Plan does not discuss marking of out of service piping. 12. The Plan does not discuss the underground line at the burn furnace. 13. The Plan does not discuss containment capacity loading and unloading areas. 	Within 60 days of this finding, the facility updated the SPCC plan to meet the new Federal SPCC standards (July 2002 amendments), which included addressing deficiencies noted by this audit. In addition, the facility sought and received regulatory guidance on its inclusion of Dowtherm in the SPCC Plan. The facility is also addressing secondary containment requirements for the newly included Dowtherm areas in accordance with its implementation plan and extension request dated 4/8/05.	10/19/04	Extended to 10/20/06	The SPCC Plan was completed on 12/17/04. Completion of secondary containment is ongoing. See Tab 18.A	A,F

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13	SPCC Plan	The current SPCC Plan indicates that tanks are non-destructively tested annually and that underground piping is periodically pressure tested.	No records were found documenting the non-destructive tank tests or the periodic pressure testing of underground piping.	1. The facility added a memo to the file regarding historical testing records. 2. SPCC specific tanks were included in Site's Aboveground Storage Tank inspection process and associated inspection records were documented and filed per that process, which meets SPCC plan requirements. 3. The facility updated AST recordkeeping system to assure inspection records are being kept for a three years.	10/21/04	12/20/04	12/16/04	B,F

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14	40 C.F.R. § 355.30	Any facility at which there is present an amount of an Extremely Hazardous Substance (EHS) equal to or in excess of the Threshold Planning Quantity (TPQ) must notify the State Emergency Response Commission (SERC) that the EHS is at the facility and must designate an emergency coordinator.	Sulfuric acid is an EHS. The 2003 Tier II reports that a maximum of 27,000 lbs and an average of 13,500 lbs of Sulfuric acid was stored at the Facility in 2003 at the "Power Area". Facility personnel indicated that the tank has been removed and was believed to contain a small quantity of sulfuric acid in 2003. In addition to the sulfuric acid stored at the Power area, sulfuric acid is contained in the forklift and "walkie" batteries. Sulfuric acid contained in batteries should be reported under EPCRA/CERCLA as other chemicals are reported. Facility personnel indicated that there are approximately (8) 12 Volt batteries and (60) 24 Volt batteries. Typically, the 24 Volt batteries contain at least 100 lbs of sulfuric acid per battery. Based on calculations at other Facilities, the quantity of sulfuric acid in batteries is greater than the TPQ.	The facility notified SERC upon confirming that sulfuric acid notification was not submitted in late 1980s.	10/20/04	12/19/04	12/10/04	D,F

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15	40 C.F.R. § 372	A facility that manufactures, processes, or otherwise uses a listed chemical in quantities above the applicable threshold is required to submit an annual Form R or Form A report to document releases to the environment. PCBs are a Persistent Bioaccumulative Toxin (PBT). The reporting threshold is 10 lbs for manufacture, process, or otherwise used. The de minimus exemption does not apply to PBTs, meaning that threshold determinations are required regardless of the chemical concentration.	The facility burned 4.45 Million gallons of No. 6 fuel oil in 2003. EPA Guidance documents indicate that PCB is a common contaminant in No. 6 fuel oil and recommends assuming a concentration of 50 ppm PCBs in the No. 6 fuel oil if no analytical data is available. Assuming a PCB concentration of 50 ppm, results in an otherwise quantity of 1800 lbs which is greater than the 10 lb threshold. The SAIC report does not appear to address this issue. The Facility relied on an MSDS that did not indicate that PCBs were present in No. 6 fuel oil.	Upon learning additional facts related to the content of the No. 6 fuel oil, the auditor withdrew this finding.	10/21/04	N/A	N/A	E

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16	40 C.F.R. § 370	Facility is required to submit a Tier II report in accordance with 40 C.F.R § 370 and Delaware EPCRA reporting program "Hazardous Chemical Inventory Electronic Reporting Instructions".	The following minor data quality issues were observed on the paper copy of the electronic 2003 Tier II report: 1) number of employees is not listed. 2) the date signed is reported as 1/10/2003 (should be 2004) 3) the maximum amount of gasoline on-site is reported as 16,000 lbs. (since there is only one 1,000 gallon tank the maximum quantity on site cannot exceed 7,000 lbs. 4) There are two storage locations of Fuel Oil No. 2 indicated in the Tier II report; there are 5 locations of Fuel Oil No. 2/diesel indicated on the SPCC Plan. Storage at the river water pump, the west fire water pump, and Lindbergh burn furnace are not listed. 5) The storage location for the sulfuric acid contained in forklift and walkie batteries is not listed. 6) Chemicals that were observed at the Site or reported on other environmental Plans in excess of the reporting threshold that were not listed on the Tier II report include: used oil, turbine lubricating oil, and transformer oil.	These issues were identified to SAIC and corrected as part of the 2003 Tier II report update submitted by the facility.	10/1/04	11/30/04	11/29/04	D,F

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17.	40 C.F.R. § 370	Previously identified by SAIC Facility is required to submit a Tier II report in accordance with 40 C.F.R § 370 and Delaware EPCRA reporting program "Hazardous Chemical Inventory Electronic Reporting Instructions".	Four chemicals that were not reported in the 2003 Tier II report were also listed in the SAIC draft report: coal ash, Nylon 6,6 flake, HCFC-22 and HCFC-123.	The facility corrected this finding as part of its Tier II report update submitted by the facility.	10/1/2004 (Date of SAIC finding is 9/30/04)	11/29/04	11/29/04	D,F

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18	SPCC Plan	The current SPCC Plan specifies the tank sizes and secondary containment capacities.	<p>The following items were noted regarding tank capacities and secondary containment capacities.</p> <p>1. The Plan indicates that the secondary containment capacity for the vaporizer fuel oil storage tank was 262 bbls while the backup calculations indicate that the containment capacity is 277 bbls.</p> <p>2. The Plan indicates that the secondary containment capacity for the fuel oil work tanks was 9,100 bbls while the backup calculations indicate that the containment capacity is 7,308 bbls.</p> <p>3. The Plan states that the Burn Furnace fuel oil storage tank is 550 gallons when the actual capacity is 4,000 gallons. The Plan states that the secondary containment capacity for the tank is also 550 gallons. The containment volume is 4,091 gallons.</p> <p>4. The Plan also indicates that the secondary containment capacity of the gasoline storage tank is 27 bbls while the back up calculations indicate that the capacity is 22.7 bbls.</p> <p>5. The containment volume for fuel oil tanks 1 and 2 listed in the Plan is 22,350 bbls. The back up information indicates that tank 2 after increasing the berm by one foot is 22,251 bbls. The containment capacity for tank one could not be verified.</p>	Secondary containment capacities listed in SPCC plan were checked and updated as part of the SPCC plan update.	10/25/04	12/24/04	12/17/04	B,F

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19	40 C.F.R. § 112.7(e) and §112.8 (b)1.	Inspections of rainwater drained from secondary containment dikes must be documented.	Personnel indicated that the inspection of the precipitation that collects in the containment area for the transformers at the river fire water pumphouse prior to draining is not documented.	The facility updated the inspection form.	10/28/04	12/27/04	11/8/04	B,F
20	DE Air Reg. 2 Section 2.1; DE Air Reg. 30	Certain equipment, facilities and activities that emit air contaminants must obtain a permit.	PREVIOUSLY IDENTIFIED DURING TITLE V AUDIT AND REPORTED TO EPA 23 Vacuum conveyance systems currently in operation at the facility are not identified in the Title V permit. However, a Minor Permit Modification dated September 7th, 2004 has been submitted to the DNREC.	The facility filed a Title V permit amendment application on September 7, 2004. DNREC issued the Title V permit with conditions relating to the PM emission calculation method that the facility is continuing to discuss with DNREC. To resolve this issue, INVISTA submitted an extension request to allow the facility to submit a permit amendment request to modify slightly the hourly PM emission limit. By letter dated 1/26/05 INVISTA requested until 5/31/06 to complete this action.	7/8/04	9/7/04	9/7/2004 (Title V app. submitted) Pending (New Title V amendment app.) See Tab 18.A	D,F

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21	40 C.F.R. § 82.166 (k) and (m) and Title V air emission operating permit condition 2q.	Owners/operators of appliances normally containing 50 or more pounds of refrigerant must keep servicing records documenting the date and type of service, as well as the quantity of refrigerant added. The owner/operator must keep records of refrigerant purchased and added to such appliances. Records must be kept for a minimum of three years.	The facility did not have a complete list of appliances that contain greater than 50lbs. Records indicate that 1400 lbs of HCFC-22 (Freon 22) and 60 lbs of CFC (Freon 12) were purchased in 2003 and 1800 lbs of CFC in 2001. The facility does not have adequate records to document the quantity, date, and unit (appliance) that CFCs and HCFCs purchased over the past three years have been added. There was a gap from 3/29/04-10/1/04 in which no records were available.	1. The facility developed and implemented a refrigerant management program to address specific findings. 2. The facility supplemented its July 31, 2004 Title V Deviation Report.	10/26/04	12/25/04	1. 12/17/04 2. 12/16/04	B,F
21.1	40 C.F.R. § 82.162(a) and Title V air emission operating permit condition 2q.	Persons maintaining, servicing or repairing covered appliances must certify to EPA that they have acquired certified recovery or recycling equipment and are complying with the applicable requirements of Subpart F.	The facility does not have records of certification to EPA of certain refrigerant recovery units.	1. The facility submitted the required certification to EPA for the two units manufactured after 1993 that are in use at the site. For the two other units, the facility took the units out of service and does not plan to use these units until they are evaluated and certified as meeting regulatory requirements. 2. The facility supplemented its July 31, 2004 Deviation Report.	12/10/04	2/8/05	1. 2/7/05 2. 2/1/05	D,F

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21.2	40 C.F.R. § 82.162(b)	In the event of a change of ownership of an entity that maintains, services or repairs covered appliances, the new owner of the entity shall certify within 30 days of the change of ownership.	The facility does not have records of providing the 30-day certification to EPA subsequent to the change of ownership on April 30, 2004 regarding certain refrigerant recovery units.	The facility submitted the required certification with change of ownership information to EPA.	12/10/04	2/8/05	2/7/05	C
22	40 C.F.R. § 82.156 (i) (2) and Title V air emission operating permit condition 2q.	The owners or operators of industrial process refrigeration equipment normally containing more than 50 lbs of refrigerant must have leaks repaired if the appliance is leaking at a rate such that the loss of 35% of the total charge during a 12-month period.	The facility is not tracking leak rates to demonstrate compliance with the requirement. One Trane screw chiller was charged with 125 lbs of HCFC 22 on 8/02/02. The unit appeared to have been filled on 6/17/02. The apparent leak rate was approximately 114% which exceeds the allowable rate of 35%. There was insufficient data to determine if the leak was repaired within 30 days. There was insufficient data to determine if any units have been leaking at rates exceeding 35% since 4/30/2004.	1. The facility developed and implemented a refrigerant management program to address specific findings. 2. The facility supplemented its July 31, 2004 Title V Deviation Report.	10/26/04	12/25/04	1. 12/17/04 2. 12/16/04	B,F

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23 (same incident as 40)	Title V Operating Permit Condition 3 Table 1 o 1 ii C (Page 59) and DE Air Reg. No. 24, Section 8 (C)	Cloth or paper impregnated with VOCs shall be stored and disposed of in closed containers. The closed containers shall be closed at all times except when adding or removing material.	Paper towels used in conjunction with aerosol chemicals that contain VOCs were observed in an open waste drum on the third floor of the powerhouse.	1. VOC contaminated paper towel was removed from waste container and managed per DNREC regulations. 2. The facility supplemented its current VOC compliance training to include Power Area specific training for appropriate material use and waste handling practices. 3. The facility conducted training of Power personnel regarding appropriate VOC material use and waste handling practices.	10/25/04	12/24/04	1. 10/23/04 (item 40 was discovered on 10/22) 2. 12/1/04 3. 12/1/04	B,F
24	Title V Permit Condition 3- Table 1 (a)(2)(ii)(B) & (C) and (iii)(D)	For Emission Units 001, 002, and 003 (three 231 MMBTU/hr Combustion Engineering Boilers) 12-month rolling period quantities of coal and No. 6 fuel oil used in each of the three coal-fired boilers must be monitored and recorded.	Monthly coal and fuel oil usage for each of the three boilers is monitored and recorded, however the 12-month rolling period quantities are not calculated.	1. The facility updated its spreadsheet to calculate 12-month rolling average. 2. The facility supplemented its July 31, 2004 Title V Deviation Report.	10/25/04	12/24/04	1. 11/16/04 2. 12/16/04	B,F

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25	Title V Permit Condition 3-Table 1 (a)(2)(iv)(A)	For Emission Units 001, 002, and 003 (three 231 MMBTU/hr Combustion Engineering Boilers) supplier provided testing data for "equivalent SO2 content" must be reported as "lb/MMBTU".	Equivalent SO2 content data was reported as "LBS SO2" on two coal analysis documents from G and C Coal Analysis Lab, Inc. with "reported" dates of 09/17/04 and 10/14/04.	The facility updated its spreadsheet to report "equivalent SO2 content" in units of "lb/MMBTU."	10/25/04	12/24/04	12/1/04	C
26	Title V Permit Condition 3-Table 1 (a)(2)(v)(B)	For Emission Units 001, 002, and 003 (three 231 MMBTU/hr Combustion Engineering Boilers) certain fuel supplier certifications records must be obtained and kept.	The following information was not contained in the certifications reviewed: 1. A statement that the No. 6 fuel oil complies with ASTM Specifications for No. 6 fuel oil (Saybolt lab analysis report dated 08-Oct-04). 2. The method used to determine the sulfur content of the coal (two coal analysis documents from G and C Coal Analysis Lab, Inc. with "reported" dates of 09/17/04 and 10/14/04). 3. The higher heating value of the No. 6 fuel oil (Saybolt lab analysis report dated 08-Oct-04). 4. The name of the No. 6 fuel oil supplier (Saybolt lab analysis report dated 08-Oct-04).	Standards for fuel certification records were updated and appropriate personnel trained in records compliance requirements.	10/25/04	12/24/04	12/2/04	B,F

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27	Title V Permit Condition 3-Table 1 (h)(1)(i)(A), (iii)(H) & (vii)(A)	For Emission Unit 025 (Nylon 6,6 Fiber Spinning Operations) the facility must determine compliance with VOC emission limitations based on recordkeeping and calculations.	#2 BELOW WAS PREVIOUSLY IDENTIFIED DURING THE TITLE V AUDIT AND REPORTED TO EPA 1. Pound per hour and rolling 12-month period VOC emission quantities from all operations (in aggregate for all operations included under this emission unit designation) are not calculated. 2. The AP-42 emission factor specifically referenced in the Title V permit is not used to calculate VOC emissions. However, the facility submitted a letter dated October 20, 2004 to DNREC requesting an amendment to the Title V permit allowing the use of stack test data to calculate VOC emissions. 3. Rolling 12-month Fiber Lubricant Aerosol and Fluoropolymer Aerosol emissions are not calculated. 4. Records related to Fluoropolymer Aerosol emissions are not kept, however fluoropolymer finish is not used as part of routine operations.	1. Pound per hour and rolling 12-month period VOC emission quantities are now calculated. 2. The AP-42 emission factors are now used in the VOC emission calculations as well as the stack test data. 3. Calculations for 12 month Fiber Lubricant Aerosol and Fluoropolymer aerosol emissions are now calculated. 4. A note to file regarding the non-use of Fluoropolymer Aerosol emissions is now on file. 5. The facility supplemented its July 31 Title V Deviation Report for Items 1 & 3.	10/26/2004 (#2 7/9/04)	12/25/2004 (#2 9/7/04)	1. 12/3/04 2. 10/21/04 3. 11/17/04 4. 12/6/04 5. 12/16/04	B,F
28	Title V Permit Condition 3-Table 1 (h)(1)(iii)(C)(4)	For Emission Unit 025 (Nylon 6,6 Fiber Spinning Operations) the facility must monitor certain information for compliance demonstration purposes.	The total 12-month rolling quantity (i.e., the summation of 12 consecutive months of production data) of Nylon fiber processed through the Staple Ovens, Hot Plates and Draw machine #7 are not calculated. However, 12-month rolling average quantities are calculated.	1. The total 12-month rolling quantities of Nylon fiber processed through the Staple Ovens, Hot Plates and Draw machine # 7 are now calculated and available. 2. The facility supplemented its July 31, 2004 Title V Deviation Report.	10/26/04	12/25/04	1. 11/3/04 2. 12/16/04	B,F

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29	Title V Operating Permit Condition 3 Table 1 (n)(1)(ii)(C). (Page 57)	The Operating Permit requires storing only gasoline with a true vapor pressure less than 0.5 psia at 70 Degrees F.	PREVIOUSLY IDENTIFIED DURING THE TITLE V AUDIT AND REPORTED TO EPA. The facility is using gasoline with a vapor pressure greater than 0.5 psia at 70 Degrees F. The facility is aware of the issue and submitted a request for a permit modification on 10/21/04. The vapor pressure limit listed in the permit is not technically feasible for gasoline and is assumed to be a typographical error on behalf of the regulatory agency.	The facility submitted Title V permit modification applications on 10/21/04. On 12/17/04, the facility received the issued administrative permit amendment from DNREC, the language of which needed to be clarified. The facility further discussed with DNREC to confirm the permit language. In response, DNREC issued a revised administrative amendment on 5/25/05.	10/27/04 (7/8/04)	9/6/04	10/21/2004 (App. to amend submitted)	D,F
30	Title V Permit Condition 3-Table 1 (c)(2)(iii)	Daily visible emissions of the coal handling operation are required to be monitored.	The facility has not determined which emission points are subject to this requirement. At least one point (conveyor drop onto coal pile) is a point for which opacity readings are required. No monitoring is being performed or recorded. Annual Method 9 is also required.	1. The facility updated its coal system daily checks form to include conveyor drop emission point for opacity monitoring. Trained appropriate personnel on new requirement. 2. The facility reviewed NSPS for coal handling to ensure compliance. 3. The facility supplemented its July 31, 2004 Title V Deviation Report.	10/28/04	12/27/04	1. 12/17/04 2. 12/14/04 3. 12/16/04	B,F

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31	Title V Permit Condition 3-Table 1 (i)(1)(vii)(A)(1) & (B)(1)	For Emission Unit 025A (Continuous Polymerization Processes) the average hourly emissions referenced in Title V Permit Condition 3-Table 1 (i)(1)(i)(A) and (B) "shall be calculated each day," as specified in the permit.	The underlying operating data is tracked and recorded, and daily and monthly emissions are calculated; however, average hourly emissions (i.e., pound per hour) are not calculated.	1. The facility added lbs/hour calculation to daily report. 2. The facility supplemented its July 31, 2004 Title V Deviation Report.	10/27/04	12/26/04	1. 11/8/04 2. 12/16/04	B,F
32	Title V Permit Condition 3-Table 1 (j)(1)(vii)	For Emission Unit 025B (Batch Polymerization Processes) the average hourly emissions referenced in Title V Permit Condition 3-Table 1 (j)(1)(i)(A) and (B) "shall be calculated each day", as specified in the permit.	The underlying operating data is tracked and recorded, and daily and monthly emissions are calculated; however, average hourly emissions (i.e., pound per hour) are not calculated.	1. The facility added lbs/hour calculation to daily report. 2. The facility supplemented its July 31, 2004 Title V Deviation Report.	10/27/04	12/26/04	1. 11/8/04 2. 12/16/04	B,F

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33	Title V Permit Condition 3-Table 1 (j)(2)(ii)(B)	For the Flake Conveyors that are part of Emission Unit 025B (Batch Polymerization Processes), the associated baghouses "shall be operated within a range of 2 to 4 inches of water column."	PREVIOUSLY IDENTIFIED DURING THE TITLE V AUDIT AND REPORTED TO EPA Silo 2 baghouse differential pressure gauge data for 10/21/04 through 10/28/04 indicates periods of operation at less than 2 inches of water column. In a letter to DNREC dated October 20, 2004, the facility requested a Title V permit amendment requesting that the lower differential pressure operating value (for both FD1/Silo2 and Silo1 baghouses) be changed to 0.2 inches of water column to reflect operating conditions for new/clean baghouse media.	The facility submitted an administrative permit amendment request on 10/21/04. DNREC requested a minor permit amendment application on 11/3/04, which the facility submitted on 12/17/04.	10/28/04 (7/8/04 AAQS finding date)	9/6/04	10/21/04 (Admin. amdmt.) 12/17/04 (Minor amdmt.)	B,F
34	DE Air Reg. 30 Section 5(b)	Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application shall, upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary facts or corrected information.	PREVIOUSLY IDENTIFIED DURING THE TITLE V AUDIT AND REPORTED TO EPA Spinning Machine F, which is part of Emission Unit 025 (Nylon Spinning Operations), has been redesignated as Spinning Machine 37 and now exhausts to its own separate stack. The facility has obtained a "Reg 2" registration for this change, however a Title V permit amendment has not yet been submitted to DNREC.	The facility submitted a Title V Permit amendment to DNREC to add reference to SM 37, consistent with registration filed in 2003.	9/30/04	11/29/04	11/29/04	D,F

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
35	DE Air Reg. 2 Section 2.1	Except as exempted in Section 2.2, no person shall install any equipment which will emit an air contaminant prior to receiving approval of an application from DNREC.	Spinning Machine C, which is installed in the tech lab, has not been issued a permit or registration from DNREC and the facility was unable to provide documentation to prove that this equipment is exempted under Section 2.2(a) (i.e., that its actual emissions would be less than 0.2 pounds per day). However, the facility did not operate the spinning machine and it was locked out to prevent its use.	Calculations have now been documented and are on file which exempt Spinning Machine C under Section 2.2(a)(i.e. that its actual emission is less than 0.2 lbs per day.)	10/28/04	12/27/04	10/29/04	E
36	40 C.F.R. § 370	The facility is required to submit a Tier II report in accordance with 40 C.F.R § 370 and Delaware EPCRA reporting program "Hazardous Chemical Inventory Electronic Reporting Instructions."	The 2003 Tier II report listed two potassium hydroxide tanks. There was only one tank at the facility during calendar year 2003.	The facility corrected this finding as part of its Tier II Report correction submitted on 12/6/04.	10/28/04	12/27/04	12/6/04	B,F
37	DNREC § 279.22	Used oil containers must be labeled or marked clearly with the words "Used Oil."	One mislabeled drum was documented in the Power House (Floor 1). The drum was labeled as both "other hazardous waste (R-123)" and used oil/refrigerant machine.	1. The facility relabeled drum to meet specific requirements. 2. The facility trained refrigeration technicians to assure compliance with SF-EN-500 Solid and Hazardous Waste.	10/21/04	12/20/04	1. 10/26/04 2. 11/30/04	C

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38	DNREC § 273.18	The facility has made the determination that spent fluorescent lamps are universal waste and must be managed and disposed of pursuant to universal waste regulations.	One spent fluorescent lamp was documented in a solid waste receptacle on Floor 3 of the Power House.	The facility trained appropriate site personnel on the proper handling and disposal of lighting and electronic tubes.	10/21/04	12/20/04	12/8/04	C
39	DNREC § 262.20	Facilities that generate hazardous waste must manage, store, and dispose of the waste in accordance with Part 262. Per 262.20, a generator who transports, or offers for transportation, hazardous waste for off-site treatment, storage, or disposal must prepare a manifest.	One spent aerosol can was documented in a solid waste receptacle on Floor 3 of the Power House. The facility manages and disposes of spent aerosol cans as hazardous waste in accordance with DNREC regulations.	1. The facility removed and dispose of the aerosol can per DNREC requirements. 2. The facility trained appropriate site personnel on proper use and disposal of aerosol cans.	10/21/04	12/20/04	1. 10/22/04 2. 12/9/04	C

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40	DRGHW § 260.10	Facilities generating hazardous waste (HW) must manage and dispose of hazardous waste in accordance with DNREC regulations.	Paper towels used with an aerosol containing listed hazardous waste (TCE) were observed in a solid waste receptacle on Floor 3 of the Power House. Disposition of hazardous waste with solid waste constitutes disposal of hazardous waste.	1. VOC contaminated paper towel was removed from waste container and managed per DNREC regulations. 2. The facility supplemented current VOC compliance training to include Power Area specific training for appropriate material use and waste handling practices. 3. The facility conducted training of Power personnel regarding appropriate VOC material use and waste handling practices.	10/22/04	12/21/04	1. 10/23/04 2. 12/1/04 3. 12/1/04	B,F
41	DRGHW § 265.52(c)	Regulations stipulate that the Hazardous Waste Contingency Plan (HWCP) must describe the arrangements agreed to by local authorities.	Neither the HWCP or Disaster Procedure provides a description of the arrangements agreed to by local authorities.	The facility documented arrangements with responders. The facility submitted letter to local responders documenting their discussions.	10/27/04	12/26/04	12/10/04	D,F
42	DRGHW § 265.52(d)	Regulations stipulate that the Hazardous Waste Contingency Plan (HWCP) must provide the addresses of all persons qualified to act as Emergency Coordinator (EC).	Neither the HWCP or Disaster Procedure provides the addresses of persons qualified to act as EC.	The facility added emergency coordinator addresses to contingency plan and changed the emergency coordinator.	10/27/04	12/26/04	12/10/04	D,F

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
43	DRGHW § 262.34(c)(1)	Facilities generating hazardous waste in a Satellite Accumulation Area (SAA) must place the waste in an approved container labeled with either the name of the waste or the words "hazardous waste."	Approximately twelve (12) spent aerosol cans were documented in a cardboard box in the Floor 3 BCF Drive Shop.	1. The facility transferred spent aerosol cans into drum and labeled the drum. 2. The facility retrained employee on proper container and labeling requirements.	10/27/04	12/26/04	1. 10/27/04 2. 11/16/04	B,F
44	DRGHW § 262.41(a)(6)	The facility must submit an Annual Report that includes a description of the efforts undertaken during the year to reduce the volume and toxicity of waste generated.	The Annual Report does not provide a description of the efforts undertaken during the year to reduce the volume and toxicity of waste generated. It should be noted that although this requirement is stipulated in the regulations, DNREC instructions for completion of the Annual Report do not include a request for this information.	The facility submitted Waste Minimization Plan to DNREC.	10/27/04	12/26/04	12/10/04	D,F
45	40 C.F.R. § 761.65	Transformers that are removed from service are required to be tested prior to disposal, and if PCBs are detected above 50 ppm, are required to be stored in a storage unit meeting requirements at 761.65 such as the PCB storage "hut."	Three (3) out-of-service pole-mount type transformers were documented on a concrete pad (former building foundation) north of the coal pile. Based on the manufacturer date of the transformers (before July 2, 1979), the transformers are assumed through regulation (§ 761.2) to contain PCB dielectric fluid. Based on this information, the transformers were improperly stored per § 761.65.	The facility relocated transformers to area of the site acceptable for PCB storage.	10/28/04	12/27/04	12/10/04	A,F

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
46	NPDES Permit DE0000035	The facility applied for renewal of its NPDES permit June 19, 1993. The application requested, among other things, a decrease in the frequency of biomonitoring. Until the draft permit is finalized, the Plant continues to be regulated under the provisions of the existing permit. Upon request by the Plant, the DNREC approved (in a letter to the Plant) cessation of biomonitoring until a suitable new monitoring site could be found.	It is uncertain whether the state's letter is the appropriate legal authorization allowing the facility to reduce or remove their biomonitoring requirements.	The permit renewal application has been submitted and is pending agency action. On 12/8/04 the facility sent documentation to DNREC to officially indicate change in biomonitoring requirements and requested appropriate permit modifications. Per letter dated 12/15/04, INVISTA sought an extension until DNREC issues the modified NPDES permit.	10/26/04	12/25/04	12/8/04 See Tab 18.B	D,F
47	Storm Water Best Management Practices (SWBMP)	Page 8 of the SWBMP Plan describes a single hazardous waste storage location.	There is more than one area in which hazardous wastes are stored (i.e. the warehouse and adjacent to the laboratory).	The facility updated SWBMP Plan to include references to both of the site's hazardous waste storage areas.	10/26/04	12/25/04	11/8/04	A,F

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
48	SWBMPP	Page 9 of the SWBMP Plan describes housekeeping inspections of the facility exterior grounds, and safety audits performed to ensure that safety procedures are being met.	The facility has an extensive audit program that provides for 4 levels of review of all areas of the plant. Review subjects range from safety to pollution prevention. Each level of the audit program focuses on a specific area of the plant during each review, and areas are reviewed on a revolving schedule. However, it is possible that a given area of industrial activity that could impact storm water runoff would not be reviewed annually under the audit program. There are also inspections performed by various personnel of their areas of responsibility, and there are routine inspections of the wastewater treatment plant, the ash ponds and landfill, and the power plant, but there is no consolidated routine inspection program specifically addressing the requirements of the SWBMP Plan for the plant as a whole.	1. The facility updated the SWBMP Plan inspection form to include documentation of housekeeping inspections. 2. The facility retrained affected employees.	10/26/04	12/25/04	1. 11/9/2004 2. 11/9/2004	B,F

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
49	NPDES Permit DE0000035	The permit requires that records be kept indicating the monthly sludge inventory, the quantity transported off site, the date shipped, the carrier used and the destination of the shipment. Special Condition 10 indicates approval of a land application permit for the sludge that is no longer accurate. No modification of the condition was requested in the 1993 permit renewal application because it had not changed at that time. The facility currently ships sludge to the DuPont DeepWater N.J. where it is landfilled on that site.	The facility maintains the appropriate records. In a letter dated June 17, 1994, the facility notified DNREC that the Plant would no longer be landfarming sludge and informed the state that when the land application permit expired, it would not be renewed. However, documentation could not be found requesting a NPDES permit modification (Special Condition 10) indicating the current method of sludge disposal.	The facility sent documentation to DNREC to confirm process of sludge disposal being utilized by the site and requested appropriate Permit modifications.	10/26/04	12/25/04	12/8/04 See Tab 18.B	D,F

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
50	DE Pesticide Reg. Section 16.2.1	The Delaware pesticide regulations require containers to be tripled rinsed before disposal. This includes draining the residual pesticides into a spray tank and applied in accordance with the label instructions or it can be disposed of in accordance with applicable DNREC regulations.	Personnel in the solutions area indicated that the biocide drums are drained into the waste finish tanks which are hauled off site for disposal. Personnel indicated that the drums are not tripled rinsed prior to being shipped to a recycler.	The facility added triple rinsing of biocide drums to area procedures and trained personnel to implement rinse procedure.	10/26/04	12/25/04	11/23/04	B,F
51	DE Pesticide Reg. Section 16.1.1	The Delaware pesticide regulations require pesticide containers to be disposed of in accordance with the label instructions and DNREC regulations.	The buckets of bromine containing biocide used in the chilled water system are appropriately triple rinsed. The buckets are maintained on site for use by facility personnel. The label for the pesticide indicates that the containers must be disposed of in a landfill after being punctured or recycled.	1. The facility evaluated Site procedures for proper handling of pesticide container and upgraded procedures as necessary to assure communication to employees of Site standard for compliance with Delaware Pesticide Reg. 2. The facility identified and trained affected personnel on procedures which address Delaware Pesticide Reg.	10/26/04	12/25/04	1. 12/9/04 2. 12/9/04	B,F

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
52	DE AST Reg. Part C § 1.1.2	Delaware regulations require that inventory control procedures be implemented by July 11, 2004 for the fuel storage tanks with greater than 40,000 gallon capacities. The procedures must be able to detect a 1% gain or loss of throughput or storage capacity every 30 days.	The facility has gauging records for the large fuel oil storage tanks but has not implemented an inventory reconciliation procedure.	The facility implemented an inventory reconciliation procedure for fuel oil storage tanks, and completed certain capital improvements related this finding.	10/28/04	Extended to 6/30/05	6/30/05	A,F
53	DE Reg. 21 Section 10	A written notification to DNREC is required prior to the removal of asbestos if the quantities are greater than 160 square feet, 260 linear feet or 35 cubic feet. This notification requires the listing of the waste disposal site.	All asbestos notifications for the last two years have indicated that the waste disposal site is the Northern Solid Waste facility, located at Cherry Island, 12th and Hay Rd. in Wilmington, Delaware. The shipping documents indicated that the asbestos containing materials were disposed of at the Delaware Solid Waste Authority, located at 1101 Lambson Lane in New Castle, Delaware (Delaware Recycle Center). The Delaware Recycle Center is not an approved disposal site.	1. The facility has been informed by the carrier that even though address was incorrect, asbestos-containing waste was disposed of at an approved facility. The facility is awaiting confirmatory documentation. 2. The facility updated references as necessary to assure accurate completion of shipping documents.	10/21/04	12/20/04	12/17/04	B,F

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
53.1	DE Air Reg. No. 21, Section 10 and 40 CFR 61.150(b)	Asbestos containing waste must be deposited in sites approved under the regulation.	The facility's contract hauler has advised the site that on 12/10/04 that two shipments of asbestos containing material sent on 5/18/04 did not go to the approved disposal location.	Two shipments of asbestos-containing waste were identified by the carrier as having been disposed at a third, unauthorized disposal site. The facility has received documentation from the carrier that these two shipments were in fact disposed at an approved facility.	12/10/04	2/8/05	1/28/05	E
53.2	DE Air Reg. No. 21, Section 10 and 40 C.F.R. §§ 61.150(d)(3) and (4).	When a signed waste shipment record is not received within 35 days of the shipment date, the status of the waste shipment is to be determined. If the signed waste shipment record is not received within 45 days of the shipment date, a written report is to be sent to DNREC.	The facility did not track receipt of waste shipment records in order to confirm receipt of shipment records signed by disposal facility within 35 days, and did not report such failure to DNREC as required.	1. The facility implemented procedures for asbestos-containing waste shipments/disposal in order to confirm receipt of waste shipment records. 2. The facility reported the deficiency and its inception of procedures to track receipt waste shipment records signed by the disposal facility, and to take appropriate steps if such records are not received in a timely manner.	12/16/04	2/14/05	1. 1/19/05 2. 2/4/05	B,F

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
Potential Exception								
1	40 C.F.R. § 63.2430 (Subpart FFFF National Emission Standard for Hazardous Air Pollutants: Miscellaneous Organic Chemical Manufacturing)	The referenced standard may apply to the Dowtherm vaporizing units. The hazardous air pollutant (HAP) of concern is the biphenyl compound contained in the Dowtherm oil. Based on the emission estimates provided in the application for the Title V permit, the facility emits sufficient biphenyl compound to be categorized as a major HAP source, which would be one of the triggers for applicability of the MACT standard.	<p>The facility does not manufacture the HAP but does use a product containing the HAP. The regulation appears to apply to manufacturers, processors, and users of the HAP (63.2435(b)(2)). However, the definition of "use" is not provided within the standard. The definition of "use" in Part 63.2 would also indicate applicability, however, in 63.2435(c)(4) the exemption for fabricating operations such as "spinning a polymer into its end use," may exempt the associated Dowtherm vaporizers.</p> <p>If the standard is found to be applicable, the time period for making the initial notification of applicability (rule requirement) has passed, and the facility would be out of compliance with regard to that notification. Compliance with all the provisions of the standard is required by December 2006.</p>	The facility determined on 11/8/04 that the use of Dowtherm in its heat exchangers does not trigger the MON.	10/28/04	N/A	N/A	E

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
AAQS TITLE V AUDIT FINDINGS NOT REFERENCED ABOVE								
AAQS 2	Title V Permit Conditions in 3(h)(1), 3(l)(1), and (3)(j)(2)	Title V Permit requires facility to record operating parameters for specified emissions on a once per shift or once per day basis.	Facility failed to record operating parameters as required by Title V permit on a once per shift or once per day basis, relating to visual stack observations, pressure differential across mist eliminators, pressure differential across baghouses and cyclones, and daily operating hours of baghouses.	The facility has retrained the affected employees and is recording such parameters.	7/8/04	9/7/04	7/8/04	B,F
AAQS 5	Title V Permit Conditions 3(d)(3)(i) and (3)(d)(3)(ii)(B)	Title V Permit requires continuous opacity monitoring with respect to Dowtherm vaporizers.	Opacity monitors failed to operate for approximately a 2 week period in June, 2004.	The facility repaired or replaced the monitors.	7/8/04	9/7/04	7/8/04	C

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
EXCEPTIONS								
1	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); DE Reg. No. 25, §§ 3.6A, 3.7B, 3.7C, 3.8 and 3.10.	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's ownership, in 2000 the facility conducted extensive retubing of Vaporizer No. 2. This change resulted in an increase of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	8/18/05	10/17/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F
2	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); DE Reg. No. 25, §§ 3.6A, 3.7B, 3.7C, 3.8 and 3.10.	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's ownership, in 2001 the facility replaced sixteen batch polymer autoclaves. These changes resulted in an increase of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	8/18/05	10/17/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F

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Item	Regulatory Citation	Requirement Description	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
3	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); DE Reg. No. 25, §§ 3.6A, 3.7B, 3.7C, 3.8 and 3.10; DE Reg. No. 2, § 11 and Reg. No. 25, § 2.	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) or NNSR Air Quality regulations. The PSD regulations may require modeling, permitting and/or installation of best available control technology ("BACT"). The NNSR regulations may require permitting, installation of lowest achievable emission rate ("LAER") and/or emissions offsetting.	Prior to INVISTA's ownership, in 2002 the facility conducted extensive retubing of Boiler No. 1. These changes resulted in increases of emissions above respective PSD and NNSR thresholds. No PSD or NNSR permit was obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	8/18/05	10/17/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F

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Tab 10.A

Item	Citation	Requirement Description	Deficiency	Corrective Action	Date Assigned	60 Day Deadline	Date Corrected	Frequency/ Duration
Exceptions								
1	9 VAC 5-80-90. D.1.	The facility must list sources of regulated air pollutants including fugitive emissions in its permit.	The facility's Operating Permit Application does not list emissions of particulates from the cooling towers or the Ash Handling system.	The facility calculated particulate emissions from the cooling towers and the ash handling system. The facility has submitted revised forms and supporting documentation related to the cooling towers and ash handling system to VADEQ as a supplement to the 1998 Title V application and a request for a minor permit modification for these insignificant activities.	1/19/05	3/20/05	3/17/05	B,F
2	Title V Permit III.C.2	Within 180 days of permit issuance, the facility must perform an initial test for PM from the three boilers and vaporizers 1 and 2.	The test was performed in the breeching from the boilers and did not include emissions from vaporizers 1 & 2.	VADEQ stated in a letter dated 7/10/02 that the stack test results were reviewed and confirmed to be adequate to satisfy the Title V testing requirement. The facility reviewed these documents and confirmed compliance. VADEQ has also reconfirmed that the stack test was compliant.	1/19/05	3/20/05	3/3/05	E

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Item	Citation	Requirement Description	Deficiency	Corrective Action	Date Assigned	60 Day Deadline	Date Corrected	Frequency/Duration
3	9 VAC 5-80-90.D.1.a.2	Emissions from any emissions unit (including insignificant activities) must be included in a Title V Permit application as necessary to determine rule applicability.	Quantified stack and fugitive emissions from certain emission units were not included in the Title V Permit application: - Biphenyl (a HAP) emissions from the Dowtherm system; - Methanol (a HAP) emissions from Glutaraldehyde use in nylon extrusion; - Hydrochloric acid, hydrofluoric acid, beryllium, mercury and other HAPs from coal combustion; - Toluene, methanol, perchloroethylene, and other HAPs from Benger labs.	The facility has calculated emissions from Dowtherm biphenyl losses and HAPs emissions from Benger Labs and speciated HAPs emissions from combustion activities. The facility has submitted revised forms and supporting documentation related to these emissions to VADEQ as a supplement to the 1998 Title V application and a minor permit modification request.	1/19/05	3/20/05	3/17/05	B,F
4	VPDES Permit VA0002160, Part I, Page 27	The SWPP Plan must be updated to reflect changes in site features.	Section 2.12.3.2.(a) and (b) of the SWPPP makes reference to Drawings W1344343 and W1344343. The legend in these drawings refers to outfalls 013 and 014. These outfalls do not exist on VPDES Permit VA 0002160.	The facility has updated the drawing to remove references to Outfalls 013 and 014.	1/18/05	3/19/05	1/28/05	B,F
5	VPDES Permit VA0002160, Part I, Page 29.	The facility must maintain a summary of sampling data in the SWPP Plan during the term of the permit.	Section 2.12.3.4 of the SWPP Plan data summarizes storm water sampling data for the Waynesboro site for the past three years. The last entry in the list is dated 2003. Additional data obtained since 2003 should be included in the summary.	The facility has updated the SWPPP summary of discharge sampling data to include additional data obtained since 2003. Storm water sampling has been added to the Compliance Calendar.	1/18/05	3/19/05	1/20/05	B,F
6	VPDES Permit VA0002160, Part I, Page 27	The SWPP Plan must be updated to reflect changes in site features.	Section 2.12.3.3 of the SWPPP states that gasoline is stored in an underground tank. This tank has been removed.	The facility has updated the SWPPP to remove the reference to underground storage of gasoline. The compliance calendar has been updated to include an annual check of infrastructure changes.	1/18/05	3/19/05	1/20/05	B,F

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Item	Citation	Requirement Description	Deficiency	Corrective Action	Date Assigned	60 Day Deadline	Date Corrected	Frequency/Duration
7	9 VAC 31-120 Storm Water Discharges	All storm water discharges associated with industrial activity that discharge through a storm water discharge system that is not a municipal separate storm sewer must be covered by an individual permit or a permit issued to the operator of the portion of the system that discharges to surface waters.	The Baugher Farm plop grinding facility, the pipe burning area, the C&D landfill, and other waste storage areas are considered industrial activities as defined in the regulation. The site drains to the South River. The facility does not have a storm water permit.	INVISTA has filed a Registration Statement with the VADEQ under 9 VAC 25-151-60 for coverage under 9 VAC 25-151-10 et seq. - General VPDES Permit for Discharges of Storm Water Associated With Industrial Activity. In support of this Registration Statement, the facility has prepared a Stormwater Pollution Prevention Plan.	1/20/05	3/21/05	3/18/05	A,F
8	VPDES Permit VA0002160, Part I, Page 29 Paragraph 3 (Good Housekeeping) Storm Water Pollution Prevention Plan section 2.12.3.6.4	The facility areas must be maintained such that contact of pollutants and rainwater is minimized. Hazardous waste accumulation areas must be covered and protected from exposure to rainwater.	The outdoor satellite accumulation area by the nylon engine room has oil staining on the front of the cabinet and apparent oil staining on the ground in front of the cabinet.	The facility has cleaned the area in and around the cabinet and properly disposed of the residue. Facility staff with responsibility for the cabinet have received targeted refresher training to ensure that they understand the importance of material control. This area was targeted for special follow-up assessment during the next quarterly stormwater audit and it has been added to quarterly stormwater checksheet.	1/20/05	3/21/05	3/7/05	A,F
9	VPDES Permit VA0002160, Part I, Page 28 paragraph (c) and page 30 paragraph (f)	The listing of spills and leaks in the SWPPP must be updated during the term of the permit.	Section 2.12.3.4 of the SWPPP lists significant spills and leaks at the Waynesboro site for the past three years. The last entry in the list is dated 7/16/03. If additional spills have occurred since then they must be added to this list.	The facility has updated the SWPPP list of spills and leaks to reflect events that occurred since 7-16-03. The SWPPP is reviewed quarterly to ensure significant spills and leaks have been documented.	1/18/05	3/19/05	1/20/05	B,F

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10	9 VAC 20-60-273.13 and 273.14	The facility has made the determination that spent fluorescent lamps are universal waste and must be managed and disposed of pursuant to universal waste regulations. Fluorescent lamps should be stored in containers or packages that are structurally sound, adequate to prevent breakage, and compatible with the contents of the lamps. Such containers and packages must remain closed and must lack evidence of leakage, spillage or damage that could cause leakage under reasonably foreseeable conditions. Storage containers must also be dated upon the introduction of lamps and must be removed from the site within one (1) year.	Five (5) spent fluorescent lamps were documented in a golf bag outside the Lycra Beaming area office (Floor 1). This means of storage does not meet the universal waste storage requirements.	The facility has updated its lamp replacement procedure to clarify this requirement, including the need to place the lamps into boxes marked clearly with one of the following phrases: "Universal Waste--Lamp(s)," or "Waste Lamp(s)," or "Used Lamp(s)," as well as with the earliest date that any lamp in the container was received. Facility staff with lamp replacement responsibilities have received refresher training on how to implement the procedure.	1/19/05	3/20/05	2/11/05	B,F
11	9 VAC 20-60-262.34(c)(2) and 265.173(a) and (b)	All hazardous waste containers must be closed except when adding or removing waste and must be labeled as to the contents of the container.	Two (2) drums of spent aerosol cans in the "C" Pad 90-day HWAA were not closed or labeled properly (labeled as SAA waste).	The facility has revised the <90-day storage area procedures to address keeping containers closed except when removing or adding materials and ensuring that proper labels are in place when drums are placed in storage. Staff responsible for 90-day storage area management have received training on the updated procedure. In addition, these drums were properly labeled.	1/18/05	3/19/05	2/11/05	C

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12	9 VAC 20-60-262.34(c)(2) and 265.173(a) and (b)	The facility has made the determination that spent lead-acid batteries are to be recycled pursuant to RCRA recycling regulations.	One (1) drum of lead-acid batteries in the "C" Pad 90-day HWAA was not closed or labeled properly (labeled as hazardous waste even though the facility recycles the batteries).	The facility has closed and properly labeled the container. The facility will also investigate options for reclamation of these small lead-acid batteries. The <90 day storage area procedures have been modified as needed to ensure that battery containers are properly labeled and kept closed except when adding or removing waste. Staff with management responsibilities have been trained on the revised procedure.	1/18/05	3/19/05	2/25/05	C
13	9 VAC 20-60-265.173(a) and (b)	All hazardous waste containers must be closed except when adding or removing waste.	One (1) 55-gallon drum of Lycra Solution Polymer in a SAA on Floor 5 of the Lycra Classic building was not closed.	The facility properly closed this drum. The facility has reviewed and updated current procedures to reflect proper usage of SAA drums. Procedural changes have been added to a training module, and area staff have received the training. Documentation of the training will be maintained in the facility file.	1/18/05	3/19/05	2/17/05	C

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14	9 VAC 20-60-273.9	Metal halide lamps are required to be managed, stored, labeled, and disposed of as either hazardous waste or universal waste.	Metal halide lamps were observed in glass recycling trash cans in the following locations: 1. Lycra Floor 2 Machine (Maintenance) Shop 2. Lycra Floor 4 Outside Control Room 3. CE Shop	The facility moved the lamps to a proper waste management location. The facility has updated lamp replacement procedures to ensure that all lamps requiring management as hazardous/universal waste are included. The procedure has been modified as needed to address proper container management. Staff with responsibilities for lamp replacement have received training on the updated procedure.	1/19/05	3/20/05	2/25/05	B,F
15	9 VAC 20-60-260.10	Facilities generating hazardous waste must manage and dispose of hazardous waste in accordance with VDEQ regulations.	Paper towels used with an aerosol containing listed hazardous waste (TCE) were observed in a solid waste receptacle in the Floor 2 Lycra machine (maintenance) shop, west engine room, and power house maintenance shop. Disposition of hazardous waste with solid waste constitutes disposal of hazardous waste.	The facility removed the paper towels from the solid waste receptacle and placed them in a proper waste management container. The facility reviewed and revised the rag management procedure as needed to confirm that it is clear regarding proper rag management. Facility staff involved in the use of solvents and rags was trained on the updated procedure. Further, the facility initiated a program to eliminate the use of aerosols containing listed hazardous waste (TCE).	1/19/05	3/20/05	3/15/05	B,F

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16	9 VAC 20-60-262.34	Facilities accumulating hazardous waste in a satellite accumulation area (SAA) must manage and store the waste in accordance with SAA rules in Part 262.	A fish tank pump and other non-hazardous waste was observed in a SAA storage container designated solely for the storage of aerosol cans, dry cell batteries, and small propane canisters in the Benger Lab storeroom.	The facility removed these wastes to a proper waste management location. The facility has provided refresher training to facility personnel on the proper management of the "aerosol can, propane cylinder and battery" containers. These containers have been added to area audits to ensure that these are routinely checked. The facility has modified general waste and contractor general waste training modules to clarify allowable items for the containers.	1/19/05	3/20/05	3/15/05	B,F
17	9 VAC 20-60-262.34	Facilities accumulating hazardous waste in a satellite accumulation area (SAA) must manage and store the waste in accordance with SAA rules in Part 262.	One 55-gallon drum of hazardous waste (amines in DMAC) was observed outside the Floor 4 control room of the Lycra Classic building. The drum was not being stored at or near the point of generation and was not under the control of the operator of the process generating the waste.	The facility transferred the amines drum to the C-Pad for disposal. The facility developed and implemented an interim procedure that eliminated the SAA. Affected personnel have been trained on the interim procedure.	1/19/05	3/20/05	3/16/05	B,F

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Item	Citation	Requirement Description	Deficiency	Corrective Action	Date Assigned	60 Day Deadline	Date Corrected	Frequency/Duration
18	40 C.F.R. Part 370	A Tier II report is required to be submitted on an annual basis for any chemical that requires an MSDS and is present in quantities greater than 10,000 lbs or any EHS present in quantities greater than 500 lbs. The location of each tank/container is required to be listed.	<p>1. The 2003 Tier II report for diesel fuel indicates there is one storage tank at the fire water pump house. The SPCC Plan indicates there are two tanks at the fire water pump house and that there is a 100 gallon diesel tank on a truck that is not listed on the Tier II report. The SPCC Plan appears to be correct, and two storage containers are not included on the Tier II report.</p> <p>2. The 2003 Tier II report for DEA does not show the storage containers at the Bengier Laboratory. There is a 60 gallon DEA tank at the Bengier Laboratory.</p> <p>3. There are 3 capped glycol storage tanks at the Bengier Laboratory not listed on the Tier II report.</p> <p>4. The 2003 Tier II report does not include cyclohexamine. Cyclohexamine is an EHS. The Lycra Chemical Inventory report for 2003 indicates that the highest inventory in 2003 was 595 pounds. It appears cyclohexamine should have been reported in the 2003 Tier II report.</p> <p>5. The 2003 Tier II report lists the CAS number for Glycol 1800 (Terathene) as 24979-97-3. The CAS number is incorrect.</p>	The facility incorporated the required changes into the 2004 Tier II. The revisions to the 2003 Tier II reporting data were specifically enumerated in the cover letter for the 2004 Tier II report and requested that it be considered as an additional update to the 2003 RY Tier II report.	1/19/05	3/20/05	2/25/05	B,F

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19	40 C.F.R. Part 707, Subpt. D (TSCA Section 12(b))	A company that exports a chemical that is the subject of a specific rule, action, or order under TSCA sections 4, 5, 6, or 7 must submit an "export notification letter" to EPA no later than the date on which the chemical is exported. Chemicals that are subject to TSCA section 4 test rules require a "one time only" notification for each country of destination and chemicals that are covered under section 5, 6, or 7 rules actions or orders require yearly per country of destination.	On 12/23/04 a 2 drum shipment of L-59 slurry containing DMAc, which is subject to a TSCA section 4 test rule, was exported to Japan. There was no export notification letter submitted to EPA related to the shipment.	The facility submitted an export notification to EPA for the export of DMAc to Japan. DMAc has been added to the INVISTA export notification list in the corporate electronic database, which notifies the facility that potential export notifications are required when exporting DMAc. Facility personnel responsible for TSCA management have received training on the INVISTA TSCA Export Notification process.	1/19/05	3/20/05	3/15/05	B,F
20	40 C.F.R. § 112(b)	The facilities store, process, or use oil and oil products and might reasonably be expected to discharge oil in quantities that may be harmful into or upon navigable waters of the United States are subject to the spec regulation. Those having the capacity to store oil in quantities of 1320 gallons or more in containers of 55 gallons or larger are required to prepare a SPCC Plan.	The Baugher Farm plop grinding operation and the pipe burning furnace area store or use oil in the following containers: a 300 gallon diesel tank, a 3000 gallon used oil tank (currently used to store diesel fuel), a 300 gallon hydraulic oil reservoir and a 300 gallon gasoline tank. The facility does not have an SPCC Plan and it is not included in the facility's plan.	A SPCC Plan has been developed to incorporate details of spill prevention and control for the Baugher Farm property, and the SPCC Plan has been reviewed and certified by a licensed professional engineer.	1/20/05	3/21/05	3/17/05	A,F

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20.1	40 C.F.R. § 112.7(c)	Owners must provide appropriate containment and/or diversionary structures or equipment to prevent a discharge. The entire containment system, including walls and floor, must be capable of containing oil and must be constructed so that any discharge from a primary containment system, such as a tank or pipe, will not escape the containment system before cleanup occurs.	The 275 gallon diesel storage tank located at Baugher Farm does not have sufficient secondary containment. The existing secondary containment system has a capacity of only 246 gallons.	The facility has provided additional containment for the 275 gallon diesel storage tank. This improvement has been reviewed by a Professional Engineer and the SPCC Plan includes the new containment capacity for this tank.	2/7/05	4/7/05	3/17/05	A,F
20.2	40 C.F.R. § 112.7(g) (1)	Owners must provide facility lighting that will assist in the discovery of discharges occurring during hours of darkness and prevent discharges occurring through acts of vandalism.	There was not sufficient lighting around the 3000 gallon diesel tank.	The facility has installed additional lighting in the area of the 3000 gallon diesel storage tank. This improvement has been reviewed by a Professional Engineer and the SPCC Plan includes a description of adequate lighting for the area.	2/7/05	4/7/05	3/17/05	A,F
21	40 C.F.R. Part 112 Appendix F Section 1.8.2	The facility's Federal Oil Spill Response Plan indicates that spill response equipment will be deployed once every six months and that the records will be maintained for five years.	Records indicate that the response equipment deployment drills were conducted once in 2002, once in 2003, and not at all in 2004.	The facility has scheduled and will conduct quarterly disaster drills, rotating the drills through various locations at the Facility. The facility has updated this procedure to incorporate semi-annual equipment deployment drills. Staff with responsibilities for emergency equipment management have been provided with training on the updated procedure.	1/20/05	3/21/05	2/17/05	B,F

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22	40 C.F.R. Part 112 Appendix F Section 1.8.2	The facility's Federal Oil Spill Response Plan indicates that tabletop drills will be completed annually and that the records will be maintained for five years.	Records indicate that the only table top exercise was completed in 2001.	The facility reviewed its "Critical Operating Tasks" procedures and documentation to ensure that tabletop exercises are thoroughly addressed. The facility has provided refresher training to those individuals with responsibility for tabletop exercises. The facility has scheduled the required tabletop exercise and has added this requirement to the annual Emergency Response drill COT's and Compliance Calendar.	1/20/05	3/21/05	2/17/05	B,F
23	19 C.F.R. § 12.121 as administered by EPA under section 13 of TSCA	Imported shipments of chemicals or mixtures of chemicals, including R&D samples, must be covered by a "Positive" or "Negative" certification statement submitted to U.S. Customs at the time of importation. The certification statement may be submitted to U.S. Customs by the importing company's customs broker.	Invista "No Charge" Import shipment identified as "IMPWB020-04" was a return of LRD-47 from AKRA Mexico. Although INVISTA's broker is BDP, the shipment came back into the U.S. through broker J.O. Alvarez with no record of an import certification statement having been submitted to U.S. Customs.	The facility has submitted a post-import certification to EPA. The facility has provided instruction for personnel receiving import shipments to check shipping paperwork for import certifications and report discrepancies to the facility TSCA manager.	1/19/05	3/20/05	3/15/05	B,F
24	19 C.F.R. § 12.121 as administered by EPA under section 13 of TSCA	Imported shipments of chemicals or mixtures of chemicals, including R&D samples, must be covered by a "Positive" or "Negative" certification statement submitted to U.S. Customs at the time of importation. The certification statement may be submitted to U.S. Customs by the importing company's customs broker.	Invista "No Charge" Import shipment identified as "IMPWB022-04" containing paraformaldehyde and silicon dioxide, which originated in China, was supposed to have been handled by INVISTA's broker, BDP. BDP has no record of processing the import and there is no record of an import certification statement having been submitted to U.S. Customs.	The facility has submitted a post-import certification to EPA. The facility has provided instruction for personnel receiving import shipments to check shipping paperwork for import certifications and report discrepancies to the facility TSCA manager.	1/19/05	3/20/05	3/15/05	B,F

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25 (former PE 1)	40 C.F.R. § 723.250	Manufacturers and importers of "exempt" polymers under the Polymer Exemption Rule are required to keep certain records related to the eligibility of the polymer under the rule. Required records include a signed certification statement and other documentation demonstrating that the polymer is eligible for commercial manufacture or importation.	Polymer exemption files for LRD-249 do not contain signed certification statements. Other required documentation is present.	The facility has had the polymer exemption certification statements signed by the appropriate person and placed in the facility file. The facility has revised the template polymer exemption form to indicate signature requirements and designate a location for signature for future certification statements. Personnel with responsibility for completing this form have received instruction on the signature requirement and the revised form.	1/20/05	3/21/05	3/15/05	B,F
26 (former PE 2)	40 C.F.R. § 723.250	Manufacturers and importers of "exempt" polymers under the Polymer Exemption Rule are required to keep certain records related to the eligibility of the polymer under the rule. Required records include the date on which the first commercial manufacture of the polymer under the exemption occurred.	Polymer exemption files for LRD-249 contain multiple dates on which commercial manufacture under the exemption is stated to have taken place. One date is before the actual date of the polymer exemption file and suggests that commercial manufacture took place before the polymer was determined to be eligible for the exemption.	The facility has added the actual date of commencement on the polymer exemption file for LRD-249. The facility has revised the template polymer exemption form to provide distinction between planned date of manufacture and actual (commencement) date of manufacture. Personnel with responsibility for completing this form have received instruction on completing the revised form.	1/20/05	3/21/05	3/15/05	B,F

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27	40 C.F.R. Parts 82.158(h) & 82.154(b)(2)	Certified refrigeration recovery equipment must be used. The manufacturer of refrigerant recovery equipment manufactured after November 15, 1993 must affix a label on each piece of equipment stating the following: "This equipment has been certified by... to meet EPA's minimum requirements... The label shall be affixed in a readily visible or accessible location, be made of a material to last the lifetime of the equipment, be present in a manner so that it is likely to remain legible for the lifetime of the equipment, and be affixed in such a manner that it cannot be removed from the equipment without damage to the label."	The Invista owned refrigerant recovery unit on the NAX Building refrigerant bay appears to be manufactured in 1995 (based on the Serial Number) and does not have the referenced label readily visible. Since the required label was not present, it could not be confirmed that the recovery device meets applicable requirements.	The facility has permanently shut down the referenced refrigerant recovery unit.	1/20/05	3/20/05	3/3/05	A,F
28	9 VAC 5-80-340 / Title V Permit Condition X.M	The facility must submit an Annual Emission Statement summarizing "actual emissions" of "any regulated air pollutant emitted" for each calendar year for the purpose of allowing the VADEQ to assess an annual permit fee.	The 2003 Emission Statement submitted by the facility appears to include only DMAc and formaldehyde emissions from the Classic Lycra and NAX, whereas there are other sources of VOCs, including, but not limited to: - DMAc, formaldehyde and other VOCs from solvent recovery; - biphenyl (a HAP) and other VOC emissions attributable to Dowtherm system losses.	The facility has evaluated VOC emissions from Classic Lycra and NAX to determine the amount of emissions of biphenyl and other VOCs. An updated 2003 Emissions Statement has been submitted to VADEQ containing this information based on the evaluation.	1/24/05	3/24/05	3/15/05	B,F

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Item	Citation	Requirement Description	Deficiency	Corrective Action	Date Assigned	60 Day Deadline	Date Corrected	Frequency/Duration
29	9 VAC 5-80-340 / Title V Permit Condition X.M	The facility must submit an Annual Emission Statement summarizing "actual emissions" of "any regulated air pollutant emitted" for each calendar year for the purpose of allowing the VADEQ to assess an annual permit fee.	Formaldehyde (HCHO) emissions were incorrectly listed on the revised 2003 Emission Statement (submitted 11/12/04) as a non-VOC HAP, whereas formaldehyde is a VOC and should be included in the "Total VOC" category in the statement.	The facility has updated the 2003 Emissions Statement to list Formaldehyde emissions as a VOC and to include in the Total VOC emissions category. An updated 2003 Emissions Statement has been submitted to VADEQ.	1/25/05	3/25/05	3/15/05	B,F
30	40 C.F.R. § 63.1110(c)	The Initial Notification requirements for the NESHAP for Generic Sources, Subpart YY, under 40 CFR 63.1110(c) requires identification of each unit that will be subject to the MACT. Initial Notification was due on July 12, 2003.	The information submitted to the EPA on May 14, 2002 does not satisfy the Initial Notification requirements of 40 CFR 63.1110(c). The Initial Notification must include: 1) Identification of the storage vessels subject to the MACT, 2) Identification of the process vents subject to the MACT, 3) Identification of the transfer racks subject to the MACT, and 4) Identification of other equipment or emission points subject to the MACT. These items were not included in the information sent to the EPA.	The facility has submitted to the EPA an initial notification of applicability in accordance with the guidance provided in the Spandex MACT regulation.	1/26/05	3/26/05	3/18/05	D,F
31	9 VAC 5-80-90.D.1.a.1	Insignificant activities defined under 9 VAC 5-80-720 B or C shall be listed in the permit application and identified as an insignificant activity.	Condition VIII of the facility's Title V Permit does not include Tanks 618 (6,000 gal gasoline at Powerhouse) and 604B (6,000 gallon diesel at Powerhouse) in the listing of insignificant activities identified in the application. However, it is unclear if these two tanks were included in the application and omitted by the Facility in the listing, or if they were omitted by the facility in the application.	The facility has submitted revised forms and supporting documentation related to Tanks 618 and 604B to VADEQ as a supplement to the 1998 Title V application and a minor permit modification. VADEQ issued a revised state NSR permit on 7/25/05. The facility awaits the Title V permit issuance.	1/27/05	3/27/05	3/17/05 See Tab 18.B	B,F

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32	40 C.F.R. § 61.145 (b)	An asbestos NESHAP notification is required within 10 working days for all projects removing greater than 260 linear feet of regulated asbestos containing materials (RACM) on pipes, 160 square feet of RACM on other facility components, or a least 35 cubic feet off facility components.	No notification was sent to the EPA Region III office notifying them of the intent to remove asbestos (quantity of 300 linear. ft. and 2000 sq. ft.) with a project start date of 12-Jul-04 and a stop date of 20-Jul-04. A notification was sent to the Virginia Department of Labor and Industry, Occupational Health Enforcement Division, however Region III also requires notification.	Written notification has been made to the EPA Region III office notifying them of previous July 12, 2004 asbestos abatement project. The facility reviewed its procedures for ensuring that the appropriate state and federal notifications of asbestos abatement projects are properly and timely filed.	1/27/05	3/27/05	2/7/05	C
33	40 C.F.R. Part 112 Appendix F Section 1.8.2	Because the facility is required to have a Facility Response Plan (FRP), the facility must obtain records from the spill response contractors to verify they have conducted the training and spill exercises and drills as required by the regulations. EPA regulations require these records to be maintained for five years.	Records were not available to verify the facility's spill response contractor had conducted the required drills.	The facility has obtained copies of the training, spill exercises and drill records as required by EPA from the spill contractor. These records will be maintained on site for 5 years.	1/24/05	3/24/05	2/21/05	B,F
34	40 C.F.R. Part 112	The SPCC Plan must be prepared to adequately describe oil storage areas at the Plant.	The SPCC Plan incorrectly indicates the oil storage capacity of tank 534 C as 250 gallons instead of 1,000 gallons.	The SPCC plan has been updated to correct the oil storage capacity of tank 534-C to 1000 gallons. The total plant capacity has been recalculated to include the change in stated volume.	1/24/05	3/24/05	3/23/05	B,F

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35	40 C.F.R. § 112.8 (b)1.	Facility's with SPCC Plans that include draining precipitation from secondary containment dikes must document inspections of the precipitation for contamination prior to discharge and maintain the records for three years.	Procedures are in place to document the draining of precipitation from secondary containment dikes but a portion of the records for draining dike 801 in 2004 were not available.	The facility has reviewed and revised inspection procedure. The plant staff has received targeted refresher training procedure for release of the stormwater and the required documentation.	1/25/05	3/25/05	3/9/05	B,F
36	40 C.F.R. § 112.7 (f)	The SPCC Plan regulations require that SPCC Plan training be provided to personnel and that annual discharge prevention briefings must be completed. These records must be maintained for three years.	The Federal Oil Spill Response Plan which includes the Plant's SPCC Plan does not mention SPCC Plan training nor annual discharge prevention briefings. Records indicate that personnel that perform the daily and weekly tank inspections for the state regulated oil storage tanks are provided SPCC Plan training but no training is provided to personnel that work with the finish oil tanks nor oil storage drums. Personnel indicated that annual discharge prevention meetings have not been held for several years.	The facility has provided SPCC training to personnel assigned to work with the finish oil tanks and finish storage drums. The facility will also hold required 2005 annual discharge prevention briefings and enter meetings on compliance calendar. All records will be retained for 3 years.	1/25/05	3/25/05	2/28/05	B,F
37	40 C.F.R. Part 112 Appendix E Section 3.0	Facilities that are required to prepare a Facility Response Plans are required to be able to have 1,000 feet of containment boom on site within one hour.	The Plant's Federal Oil Spill Response Plan only identifies 600 feet of boom that can be on site within one hour.	The facility asked a professional engineer (PE) to evaluate the need for additional containment boom based on the size of the South River. The PE reviewed the certified Facility Response Plan (FRP) to ensure that it accurately reflects the appropriate amount of boom length.	1/25/05	3/25/05	3/23/05	E

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38	40 C.F.R. § 112.7(e)	The Plant's Federal Oil Spill Response Plan indicates that the monthly inspections of the oil filled transformers will be performed and that all of the tanks are to be inspected on an annual basis. The inspections must be documented and the records maintained for a period of three years.	Personnel indicated that only annual documented inspections of the transformers are performed and that documented inspections of oil storage tanks other than the weekly and daily inspections conducted to meet the VADEQ oil tank regulations are not performed.	The site has implemented documented inspections of the transformers and oil tanks not included in the VADEQ oil tank regulations as specified by the INVISTA - Waynesboro SPCC plan. These inspection records will be maintained for three years.	1/25/05	3/25/05	3/23/05	B,F
39	40 C.F.R. § 112.7	The Plant's Federal Oil Spill Response Plan indicates that the conservation vents and flame arrestors on the oil storage tanks will be inspected annually with the records maintained for three years.	Oil storage tanks 604A, 604B, and 607 were identified as having conservation vents and flame arrestors. Records were found documenting inspections of the vents and flame arrestors in 2003. Personnel indicated that inspections were not conducted in 2004 and records of the inspections in 2002 were not maintained.	After discussion with the Professional Engineer (PE) developing revisions to the facility SPCC plan, the PE removed the requirement for documented inspections of flame arrestors and conservation vents from the SPCC plan because these devices are not required by the SPCC regulation. The facility will continue to inspect and maintain these devices separate from the SPCC plan. Personnel responsible for inspecting this equipment have received training/review on the inspection frequency and documentation requirements.	1/26/05	3/26/05	3/23/05	E

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40	40 C.F.R. § 112.8(C)(11)	Portable tanks should be parked in areas that have secondary containment.	The vehicle fueling truck is parked in area that drains to the river.	The facility relocated fuel truck parking into secondary containment. The facility modified audit practices to ensure trucks are parked within a containment area. Affected persons have been trained on the revised requirements for fuel truck parking.	1/27/05	3/27/05	2/14/05	B,F
41	40 C.F.R. § 112.8(d)(5)	The Plant's Federal Oil Spill Response Plan indicates that signs are posted at overhead lines to warn drivers of the fuel piping.	No warnings signs were observed at overhead piping locations.	Warning signs have been placed at overhead lines to warn drivers of fuel piping as required by 40 CFR 112.8(d)(5). Annual inspection of the signs has been included on the site compliance calendar.	1/27/05	3/27/05	3/10/05	B,F
42	40 C.F.R. Part 112	All oil storage and usage areas with a capacity of 55 gallons or more must be addressed in the SPCC Plan and FRP.	Thirteen locations of tanks, reservoirs, or storage areas were identified as having capacities of 55 gallons or greater of oil and were not included in the SPCC Plan and FRP. Locations include the BCF building, powerhouse, Lycra Classic, Benger Lab, NAX and solvent recovery.	The facility has revised the SPCC Plan and FRP to include and/or correct the tank descriptions.	1/27/05	3/27/05	3/23/05	A,F
43	40 C.F.R. § 112.3	Facilities storing greater than 1,320 gallons of oil must prepare a Spill Prevention Control and Countermeasure (SPCC) Plan meeting the requirements of the regulations.	The Facility's SPCC Plan is included in the Federal Oil Spill Response Plan which has been updated to meet the requirements of the revised SPCC regulations that are not yet in effect. The plan was reviewed and found to not adequately address twelve provisions of the regulation.	The facility SPCC Plan has been updated to meet the requirements of the revised SPCC regulations.	1/26/05	3/26/05	3/23/05	E

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44	40 C.F.R. § 112.20	Facilities that store more than 1,000,000 gallons of oil and are located such that a spill could cause substantial harm to the environment must prepare and submit a Facility Response Plan to the regional EPA administrator.	The Facility's FRP has been submitted and EPA has approved the Plan but the Plan does not adequately address a significant number of regulatory requirements.	The Waynesboro Facility Response Plan (FRP) has been revised to address the noted deficiencies. Staff with responsibilities for implementation of the FRP have met to review the changes and confirm a common understanding of plan content. The revisions have been submitted to the EPA Regional Administrator.	1/25/05	3/25/05	3/23/05	A,F
45	40 C.F.R. § 112.7 (e)	The SPCC Plan regulations require that oil storage areas be inspected in accordance with written procedures on a regularly basis. Records of the inspection must be maintained for a period of three years.	The Federal Oil Spill Response Plan does not address the inspection of oil drum storage areas and personnel indicated that documented inspections of the oil drum storage areas were not completed.	The Federal Oil Spill Response Plan has been revised to address the inspection of oil drum storage areas. The facility has implemented inspections of oil drum storage as specified by the INVISTA - Waynesboro SPCC plan. Training has been provided to the plant staff who inspect the oil drum storage areas.	1/25/05	3/25/05	3/23/05	A,F
46	40 C.F.R. Part 370	A Tier II report is required to be submitted on an annual basis for any chemical that requires an MSDS and is present in quantities greater than 10,000 lbs or any EHS present in greater than 500 lbs.	The 2003 Tier II report did not include L-59; hydraulic, gear, lubricating and turbine oil; silicone finishing oil, and sulfuric acid.	The facility incorporated the required changes identified by the audit into the 2004 Tier II report which was submitted in March 2005. The revisions to the 2003 Tier II reporting data were addressed in the cover letter for the 2004 Tier II report as an additional update to the 2003 RY Tier II report.	1/19/05	3/19/05	2/25/05	D,F

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47	40 C.F.R. Part 372	A Facility is required to submit a Toxic Release Inventory (TRI) report for chemicals manufactured in quantities exceeding 25,000 lbs. "Manufactured applies to a toxic chemical that is produced coincidentally during the manufacture, processing, use, or disposal of another mixture of chemicals, including a toxic chemical that is separated from that other chemical or mixture of chemicals as a byproduct, and a toxic chemical that remains in that other chemical or mixture of chemicals as an impurity."	Formaldehyde is a listed TRI chemical. Formaldehyde is manufactured in the following processes: coal, fuel oil, natural gas, and gasoline combustion; DMAC spinning; and solvent recovery processes. There was insufficient data to accurately estimate the total formaldehyde manufactured quantity from the DMAC spinning and solvent recovery process. However, air emission inventory reporting indicates that at least 6,700 lbs of formaldehyde is manufactured (emitted). Other manufactured formaldehyde reacts with amines to form a new chemical compound (so that the total formaldehyde formed cannot be easily measured or estimated). The manufactured quantity of formaldehyde from the DMAC spinning and solvent recovery process is at least 6,700 lbs, but there is insufficient data to determine whether the total exceeds 25,000 lbs. The Facility is required to keep records documenting that reporting thresholds have not been exceeded.	The facility has quantified and documented formaldehyde manufacture to confirm that TRI reporting is not necessary. The facility has added formaldehyde to its list of TRI chemicals for review on annual basis to ensure that they are adequately evaluated.	1/24/05	3/24/05	3/3/05	E

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48	Federal Insecticide, Fungicide and Rodenticide Act 7 U.S.C.A. § 136 j (A)(2)(g)	Section 136 j (A) (2) (g) of the Federal Insecticide, Fungicide and Rodenticide Act provides that "it shall be unlawful for any person to use any registered pesticide in a manner inconsistent with its labeling"	Four instances of improper registered pesticide container disposal practices were observed relating to the use of "Spectrus OX103".	The facility has identified all areas of Spectrus use on site, removed any tablets on the ground and empty buckets. These buckets were disposed of properly. The procedures for handling, use and disposal of these products has been revised and training has been completed for all responsible personnel.	1/26/05	3/26/05	3/23/05	B,F
49	9 VAC 20-60.A.262.20 and 268	A generator who transports or offers for transportation, hazardous waste for off-site treatment, storage, or disposal must prepare a manifest and complete a land disposal restriction form according to the instructions pertained in Part 262.	The land disposal restriction (LDR) form for manifest number 04250 (09-08-04) does not include the hazardous waste code F002 for tetrachloroethylene waste. It only includes the code D009 for mercury waste.	The facility found a copy of the missing LDR form for the F002 tetrachloroethylene waste. The facility attached the LDR form to the file copy of the waste manifest and has retained these documents onsite per records retention requirements. The facility has upgraded waste-handling procedures to include the addition of a manifest preparation checklist to identify potential errors associated with manifests and LDR paperwork prior to the waste being shipped offsite. The facility has also established a routine procedure for performing quality checks on new and past manifests and LDR notices.	1/24/05	3/24/05	3/8/05	C

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Item	Citation	Requirement Description	Deficiency	Corrective Action	Date Assigned	60 Day Deadline	Date Corrected	Frequency/Duration
50	9 VAC 20-60.A.262.11 and 262.34(a)(2)	A person who generates a solid waste must determine if that waste is a hazardous waste through testing or generator/process knowledge. In addition, the date upon which each period of accumulation begins must be clearly marked and visible on each container (accumulation start date).	The facility did not properly and fully characterize several drums and buckets of chemicals prior to moving them to the "C" Pad 90 day HWAA for storage for disposal. The drums and buckets were not marked with the original date of accumulation; therefore it is unknown how long the containers have been stored in the HWAA or if the facility is meeting the less than 90 day permit exemption.	The facility properly labeled and characterized these waste materials prior to offsite disposal. The facility has included disposal of 1st grade product in waste handling procedures for Hazardous Waste Coordinator (HWC) and C Pad operator. This has been included in HWC checklist for handling hazardous waste, including waste characterization and container labeling prior to moving to C Pad 90 Day HWAA.	1/24/05	3/24/05	2/11/05	B,F
51	9 VAC 20-60.A.279.22(C)	All containers and tanks used to store used oil must be labeled or marked clearly with the words "Used Oil."	One (1) unlabeled 55-gallon drum of used oil was observed on Floor 1 of the Power House.	The facility labeled and moved this drum to an appropriate waste management location. The facility has reviewed and upgraded area procedures for handling used oil, including requirement for labeling as "Used Oil". Employee training documents have been revised to address upgrades and general awareness training has been resubmitted to the entire site.	1/24/05	3/24/05	2/25/05	C

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52	9 VAC 20-60.A.273.9	Metal halide and fluorescent lamps are required to be managed, stored, labeled, and disposed of as either hazardous waste or universal waste.	Universal Waste light bulbs were found in the following locations: -Metal Halide bulb found in the Lycra 3rd floor CE shop recycle glass container. -GE Biac 28 watt Fluorescent bulb found in the recycle glass container in the Lycra Classic Spinning maintenance shop. -Broken Fluorescent bulb found in the recycle glass container in the KB&R 5th street shop -Broken Fluorescent bulb found in the recycle glass container in the KB&R wood shop	The facility has updated lamp replacement procedures to include all hazardous lamps. Procedures include proper labeling of boxes and that they must be kept closed when lamps are not being added. General waste, contractor waste and hazardous waste training modules have been updated and refresher training has been completed.	1/25/05	3/25/05	3/15/05	B,F
53	9 VAC 20-60.A.262.34(c)(2) and 265.173(a) and (b)	Hazardous waste containers are to be closed except when adding or removing waste.	A drum of waste paint in the KB&R wood shop was observed to be open. The drum was marked with the word "waste" and was identified by facility personnel as a hazardous waste stream.	The facility moved and properly labeled this drum. The facility has developed contractor procedures for handling paints and operating satellite accumulation areas. The affected employees have completed training on the procedures.	1/25/05	3/25/05	3/14/05	C
54	9 VAC 20-60.A.262.11	A person who generates a solid waste must determine if that waste is a hazardous waste through testing or generator/process knowledge.	An open bucket of solidified waste paint was observed in the KB&R wood shop. The waste paint has not been characterized.	The bucket has been removed and properly disposed. Contractor procedures have been revised to include handling and storage of paints and characterization of paint wastes. Training has been completed for all contract employees.	1/25/05	3/25/05	3/14/05	C

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55	9 VAC 20-60.A.262.30	Hazardous waste must be stored in approved containers.	Spectrus OX103 algaecide and fungicide pellets were observed on the floor of the east engine room cooling tower chemical building, and have therefore been discarded. The MSDS for this material states that it is a D001 ignitable hazardous waste when disposed of in an undiluted form.	The facility has identified all areas of Spectrus use on site, and removed any tablets on the ground and empty buckets. These buckets have been disposed of properly. The procedures for handling, use and disposal of these products have been revised and all responsible personnel have received training.	1/25/05	3/25/05	3/23/05	B,F
56	9 VAC 20-60.A.262.34(a)(1)	Facilities accumulating hazardous waste in a satellite accumulation area (SAA) must manage and store the waste in accordance with SAA rules in Part 262.	Waste mercury is stored in a SAA outside the "C-Pad" 90 day HWAA; however, this storage area does not meet SAA requirements because the storage area is not at or near the point of generation or under the control of the operator (generator of the waste).	The facility has discontinued using the metal cabinet as a Satellite Accumulation Area (SAA) for equipment-related mercury wastes, including switches, relays and other miscellaneous mercury-containing equipment. Equipment-related mercury waste sent to the C Pad is handled on a case-by-case basis and stored and shipped in less than 90 days. Procedures for handling, storage and shipping from the C Pad have been revised to accommodate these changes. Personnel with responsibility for managing these wastes have been trained in the changes to the procedures.	1/26/05	3/26/05	3/3/05	B,F

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57	9 VAC 20-60.A.262.11	A person who generates a solid waste must determine if that waste is a hazardous waste through testing or generator/process knowledge.	Three (3) drums labeled as "dirty diesel fuel" were observed in the back of a tractor trailer west of the KB&R fleet shop. According to KB&R personnel, the diesel fuel has been impacted or cross-contaminated and is unusable.	The facility has properly labeled these drums and sent them to the C pad for proper disposal. The contractor procedures have been revised. Contractor personnel training has been conducted.	1/26/05	3/26/05	3/23/05	B,F
58	9 VAC 20-60.A.265.15	The owner or operator of a facility that generates hazardous waste must inspect the facility for malfunctions and deterioration, operator errors, and discharges on a weekly basis. Inspection records must be retained at the facility for at least 3 years from the date of inspection.	The facility was missing weekly hazardous waste inspections for the "E" Pad HWAA for the dates 11-09-04 and 12-06-04.	The facility is conducting the weekly inspections and has added this requirement to the Compliance Calendar. Staff with inspection responsibilities have received refresher training.	1/26/05	3/26/05	2/25/05	C
59	9 VAC 20-60.A.265.16	The owner or operator of a facility generating hazardous waste must maintain the job titles and written job descriptions for each individual that engages in hazardous waste management.	Although job titles exist for individuals that manage hazardous waste at the facility, job descriptions do not include the requisite skill, education, or other qualifications and duties of facility personnel assigned to hazardous waste management.	Job descriptions for individuals that manage hazardous waste have been modified to include specific references to the handling of hazardous waste; requisite skills, education, or other qualifications were also included.	1/26/05	3/26/05	2/18/05	B,F

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60	9 VAC 20-60.A.262.51, 262.52, and 262.54	Each owner or operator of a facility generating hazardous waste must have contingency plan and update that plan when necessary.	The facility Hazardous Waste Contingency Plan (HWCP) is out-of-date and/or missing elements pertaining to SAA; emergency contact information; capabilities of emergency equipment; references to the former Part B pad; and references to two separate plans (old format) instead of the new format (one single plan).	The facility has revised the HWCP to address the outdated and missing elements. This document has been forwarded to the appropriate agencies and is maintained by the site Hazardous Waste Coordinator. Annual review of the Contingency Plan has been added to the Compliance Calendar.	1/26/05	3/26/05	3/18/05	A,F
61	9 VAC 20-60.A.262.34	Facilities accumulating hazardous waste in a satellite accumulation area (SAA) must manage and store the waste in accordance with SAA rules in Part 262.	Methanol mixed with urine was stored as biohazardous waste in the first floor of the Control Lab. According to site contacts, this waste is disposed with diethylamine (DEA) and ethylenediamine (EDA) as hazardous waste but was not labeled as hazardous waste while in storage in the lab.	The facility has changed the label on the lab can to reflect "Hazardous Waste" and the actual hazardous waste name(s). A tag has been placed on the can handle to indicate the proper "E" pad drum for disposal. The changes have been documented and communicated to lab personnel.	1/27/05	3/27/05	2/25/05	C

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62	40 C.F.R. §§ 265.1050 (Subpart BB) and 261.6(c) and (d) and 40 C.F.R. § 265.1064	Generators are required to conduct monthly leak detection monitoring of air emissions from pumps, piping, and valves handling hazardous waste. Each owner or operator subject to the requirements of Subpart BB is subject to the recordkeeping requirements set forth in 40 CFR 265.1064.	There is currently no monitoring program in place for the piping system between the perchloroethylene point of generation in the lab and the point of reclamation on the "E-Pad" HWAA. Although the perchloroethylene is exempt from RCRA requirements once it is reclaimed, it is still subject to Subpart BB requirements from the point of generation to the point of reclamation per Part 261.6(c) and (d). The facility does not have any of the records required by 40 CFR 265.1064.	Legal review of the perchloroethylene solvent management process has concluded that the piping system is exempt from RCRA hazardous waste requirements, including Subpart BB. The site has documented that the transfer equipment/container label(s) properly identify the solvent as used material/product and not as a waste. Personnel responsible for managing this process, including labeling, storage, and sale of the used material, have received documented instruction on these requirements.	1/27/05	3/27/05	3/24/05	E
62.1	40 C.F.R. Part 265 Subparts AA and BB	If a facility otherwise holds a RCRA permit, recycling activities are subject to the air emissions requirements of Subparts AA and BB	The facility is not adhering to the Subpart AA and BB air monitoring and recordkeeping requirements for the piping system between the perchloroethylene point of generation in the lab and the point of reclamation on the "E-Pad" HWAA.	The facility has confirmed with the VADEQ Hazardous Waste Compliance Manager that Virginia does not consider the DuPont RCRA permit to trigger the requirements of Subparts AA and BB for INVISTA recycling activities.	2/23/05	4/24/05	4/14/05	E

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63	VPDES Permit VA0002160, Part I, Page 27	The SWPPP must be updated to reflect changes in facility features.	Section 2.12.3.2.a of the SWPPP makes reference to Drawing W1344352. The legend in drawing W1344352 identifies hazardous waste satellite accumulation areas (SAA). A SAA is shown by the water treatment building on drawing W1344352 but does not exist on the facility property. A SAA exists in the gas A annex by the coal conveyor but is not shown on drawing W1344352.	The facility has updated Drawing W1344343 to include the satellite accumulation area (SAA) near the Gas A Annex by the coal conveyor and remove the SAA by the water treatment building.	1/24/05	3/24/05	1/28/05	B,F
64	VPDES Permit VA0002160, Page 35 Sec 3.b.1 Page 36 Sec 3.b.5.a Page 38 Sec 4 b.1.e Page 39 Sec 4.b.1.k	Compliance is required with the following sections of the VPDES Permit: "Good Housekeeping" "Practices for Material Handling & Storage" "Misc Loading/Unloading Areas" "Ash Loading Areas"	A pile of ash was observed on the pavement by the ash loading facility, approximately 10' away from a storm sewer routed directly to the river. This does not meet the housekeeping requirements of the VPDES permit.	The facility has cleaned the pavement by the ash loading facility, and disposed of the residue. Plant staff with responsibility for the ash loading area received targeted refresher training to ensure that they understand the importance of material control. This area was targeted for special follow-up assessment during the next quarterly stormwater audit. The facility has added this area to the weekly plant safety audits.	1/24/05	3/24/05	3/7/05	B,F
65	VPDES Permit VA0002160, Part I, Page 29 paragraph (e) Page 26 Section 2	The VPDES permit requires that the SWPPP address risk identification, potential pollutant sources, and ensure the implementation of practices that are to be used to reduce the pollutants in storm water.	Chloride from the use of road salt is not included in the SWPPP.	The Risk Identification section of the Waynesboro SWPPP has been revised to include the use of chloride as a deicing material during inclement weather. The Measures and Controls section of the Waynesboro SWPPP has been revised to include a description of the site first flush diversion procedure.	1/26/05	3/26/05	2/7/05	A,F

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66	40 C.F.R. § 761.65	PCB waste may only be stored in a temporary location (i.e., a location not meeting PCB storage facility requirements at Part 761.65) for 30 days from the date of removal from service.	PCB waste was being stored for longer than 30 days from the date of removal from service in a flammable materials locker west of the Gas A building. This storage meets the USEPA definition of a "PCB Temporary Storage Unit".	The facility moved this PCB waste to a proper management location. The facility has developed a revised PCB Management procedure, including new handling, storing, shipping and documenting principles for PCBs. The revised procedure specifically addresses the 30 day temporary storage requirement. Training of duties and responsibility for record keeping has been documented.	1/27/05	3/27/05	3/23/05	B,F
67	40 C.F.R. § 761.65	PCB storage containers (including drums) shall have a record that includes for each batch of PCBs the quantity of the batch and the date the batch was added to the container. The record shall also include the date, quantity, and disposition of any batch of PCBs removed from the container. PCB records shall be maintained for at least 3 years after the facility ceases using or storing PCBs and PCB Items.	No record of PCBs or PCB items are maintained for PCB storage at either the temporary storage unit (Gas A flammable materials locker) or at the "C" Pad 90 day HWAA.	The facility has developed a revised PCB Management procedure that sets out new handling, storing, shipping and documenting principles for PCBs. Procedures include an itemized record keeping of all PCBs for confirmation of annual reporting requirements. Training of duties and responsibility for record keeping has been documented.	1/27/05	3/27/05	3/23/05	B,F

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68	40 C.F.R. § 761.180	A facility that uses or stores at any one time at least 45 kg (99.4 pounds) of PCBs must prepare a PCB Annual Document Log by July 1 covering the previous calendar year. PCB records shall be maintained for at least 3 years after the facility ceases using or storing PCBs and PCB Items.	According to facility manifests, the facility has disposed of over 99.4 pounds of PCBs during both 2003 and 2004. Based on this information, the facility should have prepared a written PCB Annual Document Log for each of those years.	The facility has prepared the required PCB Annual Document Log for 2003 and 2004 for file retention. The facility has developed a revised PCB Management process that sets out new handling, storage, shipping and documenting principles for PCBs, including the requirement for itemized record keeping for PCB disposal and the requirement to prepare a PCB Annual Document Log when the 99.4 pound threshold is reached. Training of duties and responsibility for record keeping for affected personnel has been documented.	1/27/05	3/27/05	3/23/05	B,F

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69	40 C.F.R. § 761.218(d)(1)	Generators of PCB waste shall keep a copy of each Certificate of Disposal that they receive from disposers of PCB waste. PCB records shall be maintained for at least 3 years after the facility ceases using or storing PCBs and PCB items.	Certificates of Disposal were not available for one (1) 2003 hazardous waste manifest and four (4) 2004 hazardous waste manifests for the disposal of PCBs.	The facility has obtained the Certificates of Destruction for all PCB manifests older than 1 year and CODs for PCB manifests shipped within the last year. The facility has revised its PCB Management procedure to guide new handling, storage, shipping and documenting principles for PCBs. The Hazardous Waste Coordinator has upgraded manifest procedures and checklists to include receiving Certificates of Destruction for all PCB shipments. The checklist directs the Coordinator to make periodic contact with the disposal company until the PCBs are destroyed and the COD is received at the facility.	1/27/05	3/27/05	3/23/05	B,F
70	9 VAC 20-60.A.279.22 and 279.1	Used oil containers and tanks are required to be labeled or marked clearly with the words "used oil". Used oil is defined as oil that has been used and as a result of such use is contaminated by physical or chemical impurities.	The 3,000 gallon AST at Baugher Farms is mislabeled as containing Used Oil. The tank actually contains No. 2 fuel oil.	The 3000 gallon AST at Baugher Farm has been appropriately relabeled as No. 2 Fuel Oil.	1/20/05	3/20/05	2/2/05	D,F

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71	9 VAC 20-60-279	The tanker formerly used to store used oil generated at the oil/water separator is no longer used for that purpose. One of the tanks is labeled "Used Oil". If the tanker is to be retained, proper labeling must be applied.	The tanker should be labeled as to its contents. If it is not used exclusively for used oil storage, the labels/placards should be changed to reflect the contents.	The tanker is no longer used for used oil storage. The label/placards have been changed to reflect the contents of the tank.	1/24/05	3/24/05	2/22/05	B,F
72	9 VAC 20-60.A.279.22(C)	All containers and tanks used to store used oil must be labeled or marked clearly with the words "Used Oil."	Two (2) unlabeled used oil drums were observed adjacent to the No. 6 fuel oil AST west of the east engine room.	The (2) unlabeled used oil drums observed adjacent to the No. 6 fuel oil AST west of the east engine room have been labeled. Plant staff responsible for labeling drums have received refresher training, and the training has been documented in the facility training records.	1/25/05	3/25/05	3/11/05	C

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1	9 VAC 5-80-1150.B	An air permit application must include all information necessary to allow the VADEQ to determine the effect of the proposed source on ambient air quality and to determine compliance with the emission standards which are applicable.	In the permit application for the North America Lycra Expansion (dated 11/24/93) the stated emissions increase for the Expansion includes only DMAC emissions, whereas formaldehyde emissions and VOC emissions from miscellaneous emission points are also described in the application. Acetamide and other VOC emissions from the Solvent Recovery area were not addressed in the application. In effect, the stated emissions increase was incorrect and did not include all VOC emissions attributable to the Expansion. Moreover, based on the "2004 Acetamide Air Emissions Estimate - Starting point for further study, D.H. Marlow 11/9/04", which presents a preliminary estimate of fugitive acetamide and VOC emissions from the Solvent Recovery area, it appears that the omission of the aforementioned formaldehyde, VOC and acetamide emissions may have lead the VADEQ to incorrectly permit the Expansion as a PSD minor modification for VOCs.	The facility conducted an evaluation of VOC emissions from the North America Lycra Expansion. This evaluation confirms that VADEQ correctly permitted the expansion as a PSD minor modification for VOCs. The facility is maintaining this evaluation on-site.	1/25/05	3/25/05	3/24/05	E

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Item	Citation	Requirement Description	Deficiency	Corrective Action	Date Assigned	60 Day Deadline	Date Corrected	Frequency/Duration
2	9 VAC 5-80-340 / Title V Permit Condition X.M	The facility must submit an Annual Emission Statement summarizing "actual emissions" of "any regulated air pollutant emitted" for each calendar year for the purpose of allowing the VADEQ to assess an annual permit fee.	The facility currently relies on emission factors provided by a VADEQ inspector to calculate "Site Total DMAC" emissions and "Lycra Total Formaldehyde" emissions. However, facility personnel indicated that they were not certain about the basis for the emissions factors or if they reflect a comprehensive accounting of VOCs for the emissions categories they describe. Moreover, based on the "2004 Acetamide Air Emissions Estimate - Starting point for further study, D.H. Marlow 11/9/04", which presents a preliminary estimate of fugitive acetamide and VOC emissions from the Solvent Recovery area, it appears that the emission factors used by the facility may not include all of the VOC emissions from the "Lycra Production Facility". The Lycra Production Facility apparently includes certain equipment located in the Solvent Recovery area which is included in the "Lycra Production Facility" as it is defined in the facility's Title V permit.	The facility completed a comprehensive facility-wide air emissions inventory and developed an estimate of point source and fugitive emissions using emission factors applicable to the Waynesboro operations. Based on this work, the facility has concluded that previous emission calculations have adequately accounted for point source emissions, which is what is required to be reported to VADEQ on an annual basis.	1/26/05	3/26/05	3/24/05	E

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Tab 10.A

Item	Citation	Requirement Description	Deficiency	Corrective Action	Date Assigned	60 Day Deadline	Date Corrected	Frequency/Duration
3	Title V Permit Condition X.D	The facility must submit an Annual Compliance Certification by March 1st or each calendar year certifying compliance with all terms and conditions of the Permit, including emission limitation standards.	Based on the "2004 Acetamide Air Emissions Estimate - Starting point for further study, D.H. Marlow 11/9/04", which presents a preliminary estimate of fugitive acetamide and VOC emissions from the Solvent Recovery area, it appears that the emission factors used by the facility may not include all of the VOC emissions from the "Lycra Production Facility". The Lycra Production Facility apparently includes certain equipment located in the Solvent Recovery area which is included in the "Lycra Production Facility" as it is defined in the facility's Title V permit. Therefore, the facility's 2001, 2002 and 2003 Annual Compliance Certifications may have incorrectly reported compliance with the VOC emission limit in Title V Permit Condition V.A.2. for "Lycra Production Facility".	The facility completed a comprehensive facility-wide air emissions inventory and developed an estimate of fugitive VOC emissions from the Solvent Recovery Area. In addition, the facility completed an analysis of the Title V Permit limit and determined that this limit is a point source limit only. Based on this work, the facility did not exceed the VOC emission limit in the Title V Permit and therefore did not report incorrect information on the 2001, 2002 and 2003 Annual Compliance Certifications.	1/26/05	3/26/05	3/24/05	E

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CAMS Findings

Tab 10.B

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
1	30 T.A.C. § 335.43(a) and §§ 335.112(a)(9), 335.152(a)(8) (adopting by reference 40 C.F.R. Parts 264 and 265, Subpart J - Tank Systems); 40 C.F.R. §§ 268.7 and 268.9	No person shall store, process, or dispose of hazardous waste without first having obtained a permit. A generator may accumulate hazardous waste on-site for 90 days without a permit if the waste is placed in tanks and the generator complies with the applicable requirements. In addition, generators of characteristic hazardous wastes that decharacterize the wastes and then ship the resulting non-hazardous wastes off-site must comply with certain recordkeeping and reporting requirements under the land disposal restrictions ("LDR") program.	The facility's Lycra recovery process generates two aqueous organic waste streams (WFE tails and dimethyl formamide (DMF) removal column purge). WFE tails are non-hazardous; DMF purge is characteristically hazardous (D001). Both streams are collected in Utility Tank #4 prior to shipping off-site for energy recovery. The combined stream is non-hazardous. Tank #4 is not managed as a 90 day tank.	The facility has segregated the DMF purge stream and sends it directly to the on-site WWTP and thus no longer stores it in Tank #4. These measures have been approved by VDEQ.	5/31/2005	7/30/2005 Current extension request to 10/15/05	10/15/05	A,F

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TAB 10.B – ADDENDUM

CAMS Findings

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
EXCEPTION								
1	30 T.A.C. § 335.43(a) and §§ 335.112(a)(9), 335.152(a)(8) (adopting by reference 40 C.F.R. Parts 264 and 265, Subpart J - Tank Systems); 40 C.F.R. §§ 268.7 and 268.9	No person shall store, process, or dispose of hazardous waste without first having obtained a permit. A generator may accumulate hazardous waste on-site for 90 days without a permit if the waste is placed in tanks and the generator complies with the applicable requirements. In addition, generators of characteristic hazardous wastes that decharacterize the wastes and then ship the resulting non-hazardous wastes off-site must comply with certain recordkeeping and reporting requirements under the land disposal restrictions ("LDR") program.	The facility's Lycra recovery process generates two aqueous organic waste streams (WFE tails and dimethyl formamide (DMF) removal column purge). WFE tails are non-hazardous; DMF purge is characteristically hazardous (D001). Both streams are collected in Utility Tank #4 prior to shipping off-site for energy recovery. The combined stream is non-hazardous. Tank #4 is not managed as a 90 day tank.	The facility has segregated the DMF purge stream and sends it directly to the on-site WWTP and thus no longer stores it in Tank #4. These measures have been approved by VDEQ.	5/31/2005	7/30/2005 Current extension request to 10/15/05	10/15/05	A,F

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TAB 10.B – ADDENDUM

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
POTENTIAL EXCEPTION								
PE1	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); 9 VAC 5-80-1720.A, 1800.B, 1800.C, 1810 and 1830	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	In August 2005 the facility replaced four burners in Boiler No. 2. These changes resulted in an increase of potential emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	9/20/05	11/19/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D.C

PSD Findings

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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
EXCEPTIONS								
1	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); 9 VAC 5-80-1720.A, 1800.B, 1800.C, 1810 and 1830	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's ownership, in 1997 the facility installed Lycra polymer and spinning machines. These changes resulted in increases of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	8/18/05	10/17/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F
2	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); 9 VAC 5-80-1720.A, 1800.B, 1800.C, 1810 and 1830	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's ownership, in 1999 the facility replaced the four burners in Boiler No. 3. These changes resulted in an increase of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	8/18/05	10/17/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F

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PSD Findings

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TAB 10.C

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
3	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); 9 VAC 5-80-1720.A, 1800.B, 1800.C, 1810 and 1830	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's ownership, in 2000 the facility replaced the four burners in Boiler No. 1. These changes resulted in an increase of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	8/18/05	10/17/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F
POTENTIAL EXCEPTION								
PE1	40 C.F.R. §§ 52.21(a)(2)(iii), (j)(3), (k) and (m); 9 VAC 5-80-1720.A, 1800.B, 1800.C, 1810 and 1830	Each proposed new major source or major modification is required to comply with the Prevention of Significant Deterioration (PSD) of Air Quality regulations. These regulations may require modeling, permitting and/or installation of best available control technology ("BACT").	Prior to INVISTA's ownership, in 2000 the facility converted three spinning machines from four-end to six-end machines. These changes resulted in an increase of emissions above PSD significance thresholds. A PSD permit was not obtained for this project.	Meet with regulatory authorities to discuss compliance issues, technical options and appropriate corrective measures, if any, to address any past violations; implement any selected corrective actions.	8/18/05	10/17/05 Subject to Extension Request to 2/28/07 to meet with regulators and develop appropriate resolution.	Pending See Tab 18.A	D,F

Trinity Air Emission Inventory Review
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Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Identified	60 Day Deadline	Date Corrected	Frequency/Duration
1	Va. Code Ann. § 5-80-340	Facilities with air emissions of specified chemicals are required to report estimates of covered emissions annually.	The facility's previously filed air emission inventory did not include one substance, hydrogen fluoride, that was required to be reported. ¹	The facility submitted a corrected Air Emission Inventory	11/19/04	1/28/05	11/29/04	D, F
¹ This audit finding arose as part of the implementation of the CAMS.								

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Voluntary Disclosures for LaPorte, Texas
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TAL 11.A

Item	Regulatory Citation	Brief Description of Requirement	Deficiency	Corrective Action	Date Discovered	60-day Deadline	Date Corrected	Frequency/Duration
EXCEPTIONS								
1	40 C.F.R. 112, Subpart A	The facility must prepare and implement a Spill Prevention Countermeasures and Control (SPCC) Plan in accordance with the procedures set forth in the regulations.	The facility's SPCC Plan was amended in June and August of 2004. The Plan contained 22 categories of deficiencies, including inadequately addressing State reporting requirements for oil spills.	The facility revised its SPCC to address these deficiencies.	8/25/04	10/24/04	10/22/04	A,F